2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N04000002812

Entity Name: FILIPINO-AMERICAN SOCIETY OF JACKSONVILLE, INC.

Current Principal Place of Business:

6366 NORSE DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6366 NORSE DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BYRNE, FREDERICK J
6366 NORSE DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BYRNE, FREDERICK J	
Address:	6366 NORSE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	VP	( ) Delete
Name:	JULIAN, BERNIE	
Address:	903 EBB TIDE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	S	( ) Delete
Name:	MENDOZA, MARY	
Address:	7147 118TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	T	( ) Delete
Name:	MCDOWELL, CAROL	
Address:	1592 ACACIA MANOR	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	A	( ) Delete
Name:	LARSON, GARY	
Address:	1823 HARBOR ISLAND DRIVE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	SD	( ) Delete
Name:	BYRNE, FLORA	
Address:	6366 NORSE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32244	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK J. BYRNE P 04/13/2006
Electronic Signature of Signing Officer or Director — Date