2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N05000006478

Entity Name: FRIENDS OF SANTO NINO, INC.

Current Principal Place of Business:

5250 JOG LANE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5250 JOG LANE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 06-1735546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMBAJON, BELLA
5250 JOG LANE
DELRAY BEACH, FL 33484 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: D ( ) Delete
Name: SIMBAJON, BELLA
Address: 5250 JOG LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: PENSERGA, MARIVIC
Address: 5126 ASHLEY LAKE DRIVE #716
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: MANUBAG, WILLIAM
Address: 6503 BARTON CREEK CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: MACAPAYAG, ROBERT B
Address: 7082 GENEVA LAKES CT
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: BALDONADO, REE J
Address: 5338 TENNIS LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: PENSERGA, MARIVIC
Address: 6503 BARTON CREEK CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change ( ) Addition
Name: MANUBAG, WILLIAM
Address: 9274 HAWKEYE DRIVE
City-St-Zip: JACKSONVILLE, FL 33463

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

Title: D (X) Change ( ) Addition
Name: BALDONADO, REE J
Address: 6058 CARTHAGE CIRCLE NORTH
City-St-Zip: LAKE WORTH, FL 33463

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: MARIVIC P PENSERGA D 04/22/2007

Electronic Signature of Signing Officer or Director — Date