

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006478

FILED
May 03, 2008
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIMBAJON, BELLA
5250 JOG LANE
DELRAY BEACH, FL 33484 US

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: 6503 BARTON CREEK CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: MANUBAG, WILLIAM
Address: 9274 HAWKEYE DRIVE
City-St-Zip: JACKSONVILLE, 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: 6058 CARTHAGE CIRCLE NORTH
City-St-Zip: LAKE WORTH, FL 33463

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:

I hereby certify that the information supplied with this filing does not qualify 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 PENSERGA

MS

05/03/2008

Electronic Signature of Signing Officer or Director

Date