2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N06000009304

Entity Name: FILIPINO-AMERICAN POLITICAL ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business:

500 N. JOHN YOUNG PARKWAY
SUITE 107
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

500 N. JOHN YOUNG PARKWAY
SUITE 107
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 26-0246525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTANILLA, LEILANI
500 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 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: CH ( ) Delete
Name: RAMOS, ERNESTO PHD
Address: 1401 NW 92 AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: V CH ( ) Delete
Name: DOMINADO, EDWIN BA
Address: P.O. BOX 2863
City-St-Zip: PALM BEACH, FL 33480 US

Title: SEC ( ) Delete
Name: MARTIJA, LITA MA,BA
Address: 1719 CROCKER AVE
City-St-Zip: ORLANDO, FL 32806

Title: TRES ( ) Delete
Name: LEILANI, FONTANILLA MA,BSN
Address: P.O. BOX 470191
City-St-Zip: CELEBRATION, FL 34747 US

Title: ADV ( ) Delete
Name: BRUCE, JOY MD
Address: 2851 SOMERSET DRIVE #415
City-St-Zip: LAUDERLAKE LAKES, FL 33311 US

Title: ADV ( ) Delete
Name: DAGANI, VAL F ATTY.
Address: 500 N. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741 US

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 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: LEILANI FONTANILLA TRE 03/23/2009

Electronic Signature of Signing Officer or Director — Date