

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009304

FILED  
Apr 07, 2010  
Secretary of State

**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  
Name: RAMOS, ERNESTO PHD  
Address: 1401 NW 92 AVE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEILANI FONTANILLA

CHAI

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date