

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009304

FILED
Apr 30, 2011
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: PAPEL, NES
Address: 500 JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741 US

Title: V CH
Name: CALLO, ED
Address: 500 JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SEC
Name: DEL, PAPEL
Address: 500 JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

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

TRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date