

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006642

FILED
Feb 23, 2012
Secretary of State

Entity Name: ILOCANO ASSOCIATION OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1870 SAHA CT.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1870 SAHA CT.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 02-0805609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILART, ROSALIA A PRES.
1870 SAHA CT.
KISSIMMEE, FL 34744 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: PRES
Name: FILART, ROSALIA A PRES.
Address: 1870 SAHA COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: VP
Name: TAGALA, VICKY VP
Address: 1217 VISTA HILLS DR.
City-St-Zip: LAKELAND, FL 33813

Title: SECR
Name: GASMEN, MARIETTA SECR
Address: 8042 HORSE FERRY RD.
City-St-Zip: ORLANDO, FL 32835

Title: ASST
Name: ESPINOSA, THELMA ASSTSEC
Address: 13556 LANNER DR.
City-St-Zip: ORLANDO, FL 32837

Title: TREA
Name: ZAMORA, MILA TREASUR
Address: 9339 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836

Title: ASST
Name: SARMIENTO, OSCAR ASSTTRE
Address: 363 LONG SHADOWS COURT
City-St-Zip: ORLANDO, FL 34761

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: ROSALIA FILART

PRES

02/23/2012

Electronic Signature of Signing Officer or Director

Date