## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000006642

FILED Jun 27, 2014 Secretary of State

Entity Name: ILOCANO ASSOCIATION OF CENTRAL FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

1870 SAHA CT. 1217 VISTA HILLS DR.

KISSIMMEE, FL 34744 LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

1870 SAHA CT. 1217 VISTA HILLS DR.

KISSIMMEE, FL 34744 LAKELAND, FL 33813 US

FEI Number: 02-0805609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILART, ROSALIA A PRES.

1870 SAHA CT.

KISSIMMEE, FL 34744 US

TAGALA, VICTORIA R MD
1217 VISTA HILLS DR.
LAKELAND, FL 33813 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: VICTORIA R. TAGALA, MD 06/27/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: TAGALA, VICTORIA R MD Address: 1217 VISTA HILLS DR. City-St-Zip: LAKELAND, FL 33813 US

Title: VP

Name: SARMIENTO, OSCAR
Address: 14926 BRAYWOOD TRAIL
City-St-Zip: ORLANDO, FL 32824 US

Title: SECR

Name: TANGONAN, JULIE-JOY
Address: 2721 GARRET NICHOLAS LOOP
City-St-Zip: KISSIMMEE, FL 34746 US

Title: ASST

 Name:
 FERRER, MERLENE

 Address:
 3850 MARIETTA WAY

 City-St-Zip:
 ST. CLOUD, FL 34772 US

Title: TREA

Name: ZAMORA, MILA

Address: 9339 SOUTHERN BREEZE DR. City-St-Zip: ORLANDO, FL 32836 US

Title: ASST

Name: SUMERA, MARILYN
Address: 3277 HAWKS NEST DR.
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: VICTORIA R. TAGALA, MD PRES 06/27/2014

Electronic Signature of Signing Officer or Director

Date