

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010488

FILED
Apr 22, 2008
Secretary of State

Entity Name: FILIPINO AMERICAN ASSOCIATION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

165 SOUTH PARK BLVD.
SUITE A
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

2294 MAYPORT RD.
SUITE 24
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 38-3766948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINA, JOSEPH A
2294 MAYPORT RD
SUITE 24
ATLANTIC BEACH, FL 32233 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: P () Delete
Name: BARROS, MELCHOR G
Address: 200 FIDDLERS POINT DR.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: T () Delete
Name: MAGBOJOS, MARCELINA N
Address: 33 ZACHARY DR. N
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DIR () Delete
Name: VILLANUEVA, STEVEN Y
Address: 213 BLUE BIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: DIR () Delete
Name: GONZALEZ, LEOPOLDO B
Address: 412 CAMELIA TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: DIR () Delete
Name: SIA, EDWIN O
Address: 685 STANDISH DR.
City-St-Zip: ST. AUGUSTINE, FL 32086 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:

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: JOSEPH A. MINA

DIR

04/22/2008

Electronic Signature of Signing Officer or Director

Date