

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010488

FILED  
Feb 10, 2012  
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:**

12220 ATLANTIC BLVD  
SUITE 112  
JACKSONVILLE, FL 32225 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  
12220 ATLANTIC BLVD  
SUITE 112  
JACKSONVILLE, FL 32225 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:** SIA, LORNA D  
**Address:** 685 STANDISH DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 US

**Title:** TREA  
**Name:** MAGBOJOS, MARCELINA N  
**Address:** 33 ZACHARY DR. N  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** DIR  
**Name:** PRUDENCIO, BERNARD A  
**Address:** 101 INGRAHAM DR.  
**City-St-Zip:** SATSUMA, FL 32189 US

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

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

**Title:** DIR  
**Name:** BARROS, MELCHOR G  
**Address:** 200 FIDDLERS PONIT DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 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: JOSEPH A MINA

DIR

02/10/2012

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

\_\_\_\_\_  
Date