

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002934

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA IGOROT SOCIETY INCORPORATED

Current Principal Place of Business:

5901 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

5901 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GASMENA, PIER A
5901 DUNDEE ROAD
WINTER HAVEN, FL 33884 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: GASMENA, PIER A
Address: 5901 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: V () Delete
Name: FELIPE, DIMAN T
Address: 31739 CARRIAGE HOUSE ROAD
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: DUNA, OILVER
Address: 2102 SENATE AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: T () Delete
Name: BUNOY, MARK
Address: 1001 FOX HUNT DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: O () Delete
Name: COMPALAS, JAJA
Address: 1001 55TH TERRACE HOUSE ST.
City-St-Zip: ST. PETERSBURG, FL 33701

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:

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: PIER A. GASMENA

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date