

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO9142

1. Corporation Name

The FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, INC

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

MAY 8, 1985

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 MIAMI, FLORIDA

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1160 NE 134 ST

27

City & State

City & State

23 NO. MIAMI, FL

28

Zip

Country

Zip

Country

24 33161

25 U.S.A.

29

30

4. FEI Number

65-0114633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name TED L. RAVELO

82 Street Address (P.O. Box Number is Not Acceptable)

83 1160 NE 134 ST.

84 City NORTH MIAMI

FL

85 Zip Code

33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE Ted L. Ravelo

7-24-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☒ DELETE

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

PRESIDENT - D  
TED L. RAVELO  
1160 NE 134 ST.  
NO. MIAMI, FL 33161

VICE - PRESIDENT - D  
RUBEN TRINIDAD  
1221 NE 131  
No. Miami, FL 33161

SECRETARY - D  
JOY PRACHAYASATIRKUL  
1741 NE 134 ST  
NO. MIAMI, FL 33181

TREASURER - D  
LAILA DALIO  
13401 NW 1ST AVE  
NO. MIAMI, FL 33168

2ND VICE PRES - D  
LITO GOMEZ  
3009 NW 120 WAY  
SUN 33323

DIRECTOR - D  
BLESILDA CARRERA  
470 NE 138 ST  
NO. MIAMI, FL 33161

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-96 (205) 895-0325

Date

Daytime Phone

CR2E037 (3/96)