

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **N09142** (3)
1. Corporation Name
**THE FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, I
NC.**



Principal Place of Business Mailing Address
**1160 N.E. 134 STREET
N MIAMI FL 33161** **1160 N.E. 134 STREET
N MIAMI FL 33161-4253**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **05/08/1985** 3a. Date of Last Report **08/23/1996**
4. FEI Number **65-0174633** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. 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

**RAVELO, TED L
1160 N.E. 134 STREET
N MIAMI FL 33161**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RAVELON, TEDESTO V L**
CITY-ST-ZIP **1160 N.E. 134 STREET
N MIAMI FL 33161**
TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TRINIDAD, RUBEN**
CITY-ST-ZIP **1221 NE 131
N MIAMI FL 33161**
TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PRACHAYASATIERKUL, JOY**
CITY-ST-ZIP **1791 NE 139 STREET
N MIAMI FL 33181**
TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DALID, LEILA**
CITY-ST-ZIP **13491 NW 1ST AVENUE
N MIAMI FL 33168**
TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **GOHEZ, LITO**
CITY-ST-ZIP **3009 NW 120 WAY
SUNRISE FL 33323**
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CADVEZO, BLESILDA**
CITY-ST-ZIP **970 NE 138 STREET
N MIAMI FL 33161**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **RAVELO, TED L.**
1.3 STREET ADDRESS **1160 NE 134 ST.**
1.4 CITY-ST-ZIP **NO. MIAMI, FL 33161**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **GOHEZ, MIKE**
5.3 STREET ADDRESS **921 NE 158 ST.**
5.4 CITY-ST-ZIP **NO. MIAMI, FL 33162**
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **CHAVEZ, BLESILDA**
6.3 STREET ADDRESS **970 NE 138 ST**
6.4 CITY-ST-ZIP **NO. MIAMI, FL 33161**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 (205) 845-0325
Date Daytime Phone # 0081779

CR2E037 (9/96)