FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

N09142

THE FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, I

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

2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28

> Country 29 9. Name and Address of Current Registered Agent

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

Zip

24

FILED May 26 1998 8:00am Secretary of State



7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Yes No

☐ Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

65-0174633

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Name and Address of New Registered Agent

Trust Fund Contribution

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

05/08/1985 4. FEI Number

			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 punted name of registered agent and time if applicable (NOTE Registered Agent signature required when reinstalling) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	RAVELO, TED L		1.2 NAME				
STREET ADDRESS	1160 N.E. 134 STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	DELETE	2.1 TITLE	15T VICE - PRESIDENT	Change	☐ Addition	
NAME	TRINIDAD, RUBEN		2.2 NAME	PRACHAMASATIERKUL, JOY			
STREET ADDRESS	1 22 1 NE 131	l	2.3 STREET ADDRESS	1701 NE 130 ST			
CITY-ST-ZIP	N MIAMI FL 33161	<u> </u>	2. 4 CITY-ST-ZIP	No. MINMI. PL 33181	·		
TITLE	SD	☐ DELETE	3.1 TITLE	DYD VICE - PRESIDENT	Change	Addition	
NAME	Prachayasatierkul, Joy		3.2 NAME	JOSE JONQUIN			
STREET ADDRESS	1791 NE 139 STREET		3.3 STREET ADDRESS	1120 SW 814 TERRICE			
CITY-ST-ZIP	N MIAMI FL 33181		3.4. CITY-ST-ZIP	ranspore pivos, 70 3	300s		
TITLE	TD	DELETE	4.1 TITLE	SECRETMEY	Change	Addition	
NAME	DALID, LEILA		4. 2 NAME	KAZ, OLITE F.	_		
STREET ADDRESS	13491 NW 1ST AVENUE		4.3 STREET ADDRESS	1 2020 NE 185 87 \$1.00	9 %		
CITY-ST-ZIP	N MIAMI FL 33168		4.4 CITY - ST - ZIP	100 MIAMI PZ 35181			
TITLE	VO	☐ DELETE	5.1 TITLE	TREASURER	Change	Addition	
NAME	GOZON, MIKE		5.2 NAME	TERRESITA REYNO			
STREET ADDRESS	921 NE 158TH ST		5.3 STREET ADDRESS	17605 SW 20 ST	20		
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP	CHEMMORE PL SO	79		
TITLE	D	DELETE	6.1 TITLE	RIRECTOR	' Change	☐ Addition	
NAME	CHAVEZ, BLESILDA		6.2 NAME	RUBEN TRINIDAD			
STREET ADDRESS	970 NE 138 STREET		6.3 STREET ADDRESS	1221 NE 131 ST			

Country

B1 Name

82

83

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14. I 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 on 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 attachnient with an address. TED L PMVED-RESIDENT 4 76 98 (30) 896 0325 SIGNATURE: