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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N14372** **(9)**

1. Corporation Name

FILIPINO-AMERICAN ASSOCIATION OF BREVARD COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O REBECCA SZYMANSKI 985 RIPLEY TERRACE NE PALM BAY FL 32907	C/O REBECCA SZYMANSKI 985 RIPLEY TERRACE NE PALM BAY FL 32907-1650

3. Date Incorporated or Qualified: 04/15/1986
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business	2a. Mailing Address
21 C/O HIRFA SIAN	26 C/O HIRFA SIAN
Suite, Apt. #, etc. 22 1801 HARDIN LANE	Suite, Apt. #, etc. 27 1801 HARDIN LN.
City & State 23 PALM BAY, FL.	City & State 28 PALM BAY, FL.
Zip 24 32905 Country 25 U.S.A.	Zip 29 32905 Country 30 U.S.A.

4. FEI Number: 59-3063767 ☐ 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
SZYMANSKI, REBECCA E 985 RIPLEY TERRACE NE PALM BAY FL 32907	81 Name: HIRFA SIAN 82 Street Address (P.O. Box Number is Not Acceptable): 1801 HARDIN LANE 83 84 City: PALM BAY FL 85 Zip Code: 32905

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: HIRFA SIAN, TREASURER — Hirfa Sian — 1-20-97
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	P	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ALOTA, RUBEN		1.2 NAME	HUSS, STEVE	
STREET ADDRESS	4810 SPRINGWATER CIR.		1.3 STREET ADDRESS	1299 PERRY AVE.	
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP	PALM BAY, FL. 32909	
TITLE	V	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	HUSS, STEVE		2.2 NAME	MATHEW FAHL	
STREET ADDRESS	1299 OERRY AVE NW		2.3 STREET ADDRESS	1446 NORBERT RD. N.E.	
CITY-ST-ZIP	PALM BAY FL 32909		2.4 CITY-ST-ZIP	PALM BAY, FL. 32907	
TITLE	S	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	BARACHINA, PANCY		3.2 NAME	BARACHINA, PANCY	
STREET ADDRESS	800 DAMASK ST. N.E.		3.3 STREET ADDRESS	800 DAMASK ST. N.E.	
CITY-ST-ZIP	PALM BAY FL 32907		3.4 CITY-ST-ZIP	PALM BAY, FL. 32907	
TITLE	T	☒ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SZYMANSKI, BECKY		4.2 NAME	HIRFA SIAN	
STREET ADDRESS	985 RIPLEY TERRACE, N.E.		4.3 STREET ADDRESS	1801 HARDIN LANE	
CITY-ST-ZIP	PALM BAY FL 32907		4.4 CITY-ST-ZIP	PALM BAY, FL. 32905	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CERDENA, LUCY		5.2 NAME	CERDENA, LUCY	
STREET ADDRESS	1016 MARY JOYE AVE.		5.3 STREET ADDRESS	1016 MARY JOYE AVE.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		5.4 CITY-ST-ZIP	INDIAN HARBOUR BCH, FL. 32937	
TITLE	D	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	AYSON, CONNIE		6.2 NAME	AYSON, CONNIE	
STREET ADDRESS	270 N GROVE DR.		6.3 STREET ADDRESS	270 N. GROVE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		6.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	

CR2E037 (9/96)

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: HIRFA SIAN — Hirfa Sian — 1-20-97 — (407)724-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016812