

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90204 010 ****75.00

0020278

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N14372

1. Corporation Name
**FILIPINO-AMERICAN ASSOCIATION OF BREVARD COUNTY,
 FLORIDA, INC.**

Principal Place of Business Mailing Address
1016 MARY JOYE AVE 1016 MARY JOYE AVE
INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937
US US

\$ 75.00



2. Principal Place of Business 21 <i>SAME</i>		2a. Mailing Address 26 <i>SAME</i>		3. Date Incorporated or Qualified 04/15/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3063767	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 25		Zip Country 29 30		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CERDENA, LUCY 1016 MARY JOYE AVE INDIAN HARBOR BEACH FL 32937				10. Name and Address of New Registered Agent			
81 Name				<i>SAME</i>			
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code		FL	

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 *NORA WADE - TREASURER* *Nora Wade* DATE **4/14/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTOYA, VEN	1.2 NAME	MONTOYA, VEN
STREET ADDRESS	1016 MARY JOYE LN	1.3 STREET ADDRESS	121 NANTUCKET LN
CITY-ST-ZIP	PALM BAY FL 32097	1.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, NORA	2.2 NAME	WADE, NORA
STREET ADDRESS	121 NANTUCKET LN	2.3 STREET ADDRESS	130 VIN ROSE CR. SE
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GINA	3.2 NAME	
STREET ADDRESS	321 POLARIS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIAN, PIO DR	4.2 NAME	
STREET ADDRESS	1801 HARDIN LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 32905	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERDENA, LUCY	5.2 NAME	
STREET ADDRESS	1016 MARY JOYE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELA (APZ) ROMY	6.2 NAME	DE LA PAZ, ROMY
STREET ADDRESS	3234 ABBOT AVE NE	6.3 STREET ADDRESS	3234 ABBOT AVE NE
CITY-ST-ZIP	PALM BAY FL 32905	6.4 CITY-ST-ZIP	PALM BAY, FL 32905

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 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, with all other like empowered.

SIGNATURE: *NORA WADE TREASURER* *Nora Wade* DATE **4/14/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)