[redacted]

07-15-2008 90063 006 ****61.25

N14372
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 17 AM 11:17

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14372

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

Principal Place of Business
Melinda Angeles
317 Lantemback Island Dr
Satellite Bch FL 32937-4708

Mailing Address
P.O. BOX 372051
SATELLITE BEACH, FL 32937 US

06242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 59-3063767 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNOOK, EUGENE M
650 E. STRAWBRIDGE AVE.
APT # 901
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Melinda O. Dangelo EUGENE M. SNOOK 7/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☒ Delete	TITLE	P ☐ Change ☐ Addition
NAME	SNOOK, EUGENE M P	NAME	Merci Cruz
STREET ADDRESS	650 E. STRAWBRIDGE AVE. APT#901	STREET ADDRESS	1115 Galty Circle NE
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	V ☒ Delete	TITLE	V ☐ Change ☐ Addition
NAME	SIAN, HIRFA	NAME	Judy Ubial
STREET ADDRESS	1801 HARDIN LANE	STREET ADDRESS	1828 Wake Forest Rd.
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	Palm Bay, FL. 32907
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, GINA	NAME	
STREET ADDRESS	321 POLARIS DR.	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANGELES, MELY	NAME	
STREET ADDRESS	317 LANTERNBACK ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

B 11/19/08

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda O. Dangelo — NOV. 11, 08 — (321) 779-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #