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N14372
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14372

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

Principal Place of Business	Mailing Address
Melinda Angeles 317 Lantemback Island Dr Satellite Bch FL 32937-4708	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	7. Name and Address of New Registered Agent
SNOOK, EUGENE M 650 E. STRAWBRIDGE AVE. APT # 901 MELBOURNE, FL 32901	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. Dongeles 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNOOK, EUGENE M P 650 E. STRAWBRIDGE AVE. APT#901 MELBOURNE, FL 32901	☒ Delete	P Merci Cruz 1115 Gaffy Circle NE Palm Bay, FL. 32905	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIAN, HIRFA 1801 HARDIN LANE PALM BAY, FL 32905	☒ Delete	V Judy Ubial 1828 Wake Forest Rd. Palm Bay, FL. 32907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZIMMERMAN, GINA 321 POLARIS DR. SATELLITE BCH, FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANGELES, MELY 317 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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