

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14372

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

650 E. STRAWBRIDGE AV.  
APT. #901  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

317 LANTERNBACK ISLAND DR  
SATELLIT BEACH, FL 32937 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3063767      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ANGELES, MELINDA O  
317 LANTERNBACK ISLAND DR  
SATELLITE BEACH, FL 32937 US

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.

SIGNATURE: MELINDA O. ANGELES

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SNOOK, EUGENE M P  
Address: 650 E. STRAWBRIDGE AVE. APT#901  
City-St-Zip: MELBOURNE, FL 32901 US

Title: V ( ) Delete  
Name: SIAN, HIRFA  
Address: 1801 HARDIN LANE  
City-St-Zip: PALM BAY, FL 32905

Title: S ( ) Delete  
Name: ZIMMERMAN, GINA  
Address: 321 POLARIS DR.  
City-St-Zip: SATELLITE BCH, FL 32937

Title: T ( ) Delete  
Name: ANGELES, MELY  
Address: 317 LANTERNBACK ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CRUZ, MERCI M PRES.  
Address: 1115 GALT CIRCLE NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA O. ANGELES

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date