

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N16813 (0)

1. Corporation Name

**THE PHILIPPINE-AMERICAN ASSOCIATION OF THE TREAS
URE COAST, INC.**



Principal Place of Business

Mailing Address

% MARILYN MARANON
4995 SOUTH US 1
FORT PIERCE FL 34982

% MARILYN MARANON
4995 SOUTH US 1
FORT PIERCE FL 34982

3. Date Incorporated or Qualified
09/16/1986

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2757643

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

**MARANON, MARILYN
4995 S US 1
FORT PIERCE FL 34982**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EBALO, CARMEN M	
STREET ADDRESS	1701 EBB CT	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TURLA, BEN	
STREET ADDRESS	3405 SE SANDPIPER CR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENDOZA, GEMMA	
STREET ADDRESS	1115 SUN VILLA	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENDOZA, VICTOR N	
STREET ADDRESS	1107 KINGSWOOD LANE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENCHAVEZ, CHRISTINA	
STREET ADDRESS	5304 BIRCH DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUNANI, LEE	
STREET ADDRESS	502 SW TWIG AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	

13.

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRES. DOMINADOR B. MARANON, JR.
1.3 STREET ADDRESS	4995 SOUTH US 1.
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. ROLANDO MENDOZA
2.3 STREET ADDRESS	1115 SUN VILLA
2.4 CITY-ST-ZIP	VERO BCH. FL 32960
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC. GERARD FLORES
3.3 STREET ADDRESS	110 NARANJA (North) AVE
3.4 CITY-ST-ZIP	PSK, FL 32952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D. NORMA NYLUM
6.3 STREET ADDRESS	645 COLONIAL DR
6.4 CITY-ST-ZIP	VERO BCH FL 32961

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DOMINADOR B. MARANON, JR

4/10/96 407 465 3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)