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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34982-7079

3. Date Incorporated or Qualified **09/16/1986** 3a. Date of Last Report **05/29/1996**

4. FEI Number **59-2757643** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DOMINADOR B. MARANDON JR.**
STREET ADDRESS **4995 S US 1**
CITY - ST - ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE
NAME **ROLANDO MENDOZA**
STREET ADDRESS **1115 SUN VILLA**
CITY - ST - ZIP **VERO BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE
NAME **GERARD FLORES**
STREET ADDRESS **119 NARANJA AVENUE, NORTH**
CITY - ST - ZIP **PORT ST. LUCIE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **MENDOZA, VICTOR N**
STREET ADDRESS **1107 KINGSWOOD LANE**
CITY - ST - ZIP **FT PIERCE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MENCHAVEZ, CHRISTINA**
STREET ADDRESS **5304 BIRCH DR**
CITY - ST - ZIP **FT PIERCE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **NORMA NYCUM**
STREET ADDRESS **645 COLONIAL DRIVE**
CITY - ST - ZIP **VERO BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071547

CP2E037 (9/96)