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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16813

1. Corporation Name

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

Principal Place of Business

% MARILYN MARANON
4995 SOUTH US 1
FORT PIERCE FL 34982

Mailing Address

% MARILYN MARANON
4995 SOUTH US 1
FORT PIERCE FL 34982



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/16/1986

22 City & State

27 City & State

4. FEI Number -

59-2757643

-- Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 25

29 30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 MENDOZA, ROLANDO
STREET ADDRESS 1115 SUNVILLA
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE VP ☐ DELETE
NAME REYES, ARISTO
STREET ADDRESS 3503 S.E. CHARING CROSS LANE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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

TITLE S ☐ DELETE
NAME REODICA, MALU
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 LUCERO, CYNTHIA
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 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, with all other like empowered.

SIGNATURE:

Rolando Mendoza
ROLANDO MENDOZA (PRESIDENT)

3/10/99

(561) 562-5232

CR2E037 (11/98)