

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90141 003 ***150.00

DOCUMENT # N16813 1. Entity Name THE PHILIPPINE-AMERICAN ASSOCIATION OF THE TREASURE COAST, INC.					
Principal Place of Business P.O. BOX 13266 FORT PIERCE, FL 34979			Mailing Address P.O. BOX 13266 FORT PIERCE, FL 34979		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORES, GERARD 118 N NARANJA AVE PORT SAINT LUCIE, FL 34983			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORES, GERARD	NAME			
STREET ADDRESS	118 N NARANJA AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEOCAMPO, ANNE	NAME	Mendoza, Gumma		
STREET ADDRESS	2824 SE TATE AVE	STREET ADDRESS	1115 Sun Villa Dr.		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	CITY-ST-ZIP	Vero Beach, FL 32960		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NYCUM, NORMA	NAME			
STREET ADDRESS	645 COLONIAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32962	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRISTINA, MAGTALAS	NAME			
STREET ADDRESS	574 SW LUCERO DR	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEOCAMPO, ANJE	NAME			
STREET ADDRESS	2824 SE TATE AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAGAMAT, PEREGINO	NAME			
STREET ADDRESS	1366 SW 19TH TR.	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP			
12. 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 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: <u>Gerard A. C. Flores</u>		4/19/05 (772) 465-1170 <small>Date Daytime Phone#</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					