

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N16813

1. Entity Name
THE PHILIPPINE-AMERICAN ASSOCIATION OF THE
TREASURE COAST, INC.



Principal Place of Business
4910 SELVITZ ROAD
FORT PIERCE, FL 34981

Mailing Address
P.O. BOX 13266
FORT PIERCE, FL 34979



04022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2757643

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, GERARD
118 N NARANJA AVE
PORT SAINT LUCIE, FL 34983

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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04/18/08 00042 010 01.05

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VENTULAN, VICENTE
STREET ADDRESS	4910 SELVITZ ROAD
CITY-ST-ZIP	FT. PIERCE, FL 34981
TITLE	VP
NAME	DEOCAMPO, ANJE
STREET ADDRESS	2824 SE TATE AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	SEC
NAME	GOODALL, TESS
STREET ADDRESS	2121 SW BURLINGTON STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	TREA
NAME	CABANSAY, LYDIA J
STREET ADDRESS	2361 SE 27TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VP
NAME	RAZUMAN, SAM
STREET ADDRESS	430 CANTERBURY CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	VP
NAME	RAGAMAT, PEREGINO
STREET ADDRESS	7052 SW 13TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

(772) 285-8223