

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16813

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4910 SELVITZ ROAD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

645 COLONIAL DR.  
VERO BEACH, FL 32962

**Current Mailing Address:**

P.O. BOX 13266  
FORT PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:** 59-2757643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VENTULAN, VICENTE  
Address: 4910 SELVITZ ROAD  
City-St-Zip: FT. PIERCE, FL 34981

Title: VP ( ) Delete  
Name: DEOCAMPO, ANJE  
Address: 2824 SE TATE AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: SEC ( ) Delete  
Name: GOODALL, TESS  
Address: 2121 SW BURLINGTON STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: TREA ( ) Delete  
Name: CABANSAY, LYDIA J  
Address: 2361 SE 27TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete  
Name: RAZUMAN, SAM  
Address: 430 CANTERBURY CT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: RAGAMAT, PEREGINO  
Address: 7052 SW 13TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NYCUM, NORMA  
Address: 645 COLONIAL DR.  
City-St-Zip: VERO BEACH, FL 32962

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA NYCUM

PRES

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date