

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90242 017 \*\*\*\*\*75.00

**DOCUMENT # N19557**

1. Entity Name  
**FILIPINO-AMERICAN COMMUNITY COUNCIL OF  
NORTHEAST FLORIDA, INC.**



Principal Place of Business  
**10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257-7684**

Mailing Address  
**10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257-7684**



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2493400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FERRO, LALLY V.  
10060 HIDDEN BRANCH DR., EAST  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
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 *Lally V. Ferro, DIRECTOR* *February 13, 2006*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	MONTEMAYOR, ALBERT
STREET ADDRESS	12421 JULIE COOLIE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DS
NAME	HUX, PINA
STREET ADDRESS	5030 OLD KINGS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	DP
NAME	MOJICA, LUZ
STREET ADDRESS	6280 TOYOTA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DT
NAME	TUAZON, DING
STREET ADDRESS	736 TREKKER ST
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	FERRO, LALLY V
STREET ADDRESS	10060 HIDDEN BRANCH DR E
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *LALLY V. FERRO* *Lally V. Ferro* *February 13, 2006 (904) 268-1014*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #