


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 034 \*\*\*\*75.00

<b>DOCUMENT # N19557</b>	
1. Entity Name	

FILIPINO-AMERICAN COMMUNITY COUNCIL OF  
NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
10060 HIDDEN BRANCH DRIVE E. JACKSONVILLE FL 32257-7684	10060 HIDDEN BRANCH DRIVE E. JACKSONVILLE FL 32257-7684



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2493400

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MONTEMAYOR, ALBERT	
STREET ADDRESS	12421 JULIE COOLIE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HUX, PINA	
STREET ADDRESS	5030 OLD KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MOJICA, LUZ	
STREET ADDRESS	6280 TOYOTA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TUAZON, DING	
STREET ADDRESS	736 TREKKER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRO, LALLY V	
STREET ADDRESS	10060 HIDDEN BRANCH DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARZAGA, ZENALDA	
STREET ADDRESS	8951 COUNTRY BEND CIR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, MELCHOR R, M.D.	
STREET ADDRESS	450 - 103RD ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICA, LUZ	
STREET ADDRESS	6280 TOYOTA DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUAZON, DING	
STREET ADDRESS	12577 SHALLOW BROOK	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*March 5, 2007*

*904-268-1014*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #