

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25883

FILED
Jan 23, 2007
Secretary of State

Entity Name: ILOCANO ASSOCIATION OF NORTHEAST FLORIDA INCORPORATED

Current Principal Place of Business:

7416 JADE COURT
JACKSONVILLE, FL 322104711 US

New Principal Place of Business:

Current Mailing Address:

7416 JADE COURT
JACKSONVILLE, FL 322104711 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARBONELL, FERNANDO V
7416 JADE CT
JACKSONVILLE, FL 32210 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: CARBONELL, FERNANDO
Address: 7416 JADE COURT
City-St-Zip: JACKSONVILLE, FL 322104711 US

Title: D () Delete
Name: VALERIO, JOE R
Address: 1988 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: BACHO, ERLINDA
Address: 5215 TIMAWATHA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: ROMERO, FLOR
Address: 8113 POE COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: URBANO, MAR
Address: 1732 PAPAYA DR
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: ABRIAM, ABE
Address: 4430 JADE DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: FERNANDO CARBONELL

MR.

01/23/2007

Electronic Signature of Signing Officer or Director

Date