2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N25883

Entity Name: ILOCANO ASSOCIATION OF NORTHEAST FLORIDA INCORPORATED

Current Principal Place of Business:

1003 CARLOTTA RD EAST
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

1003 CARLOTTA RD EAST
JACKSONVILLE, FL 32211 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DELEON, RAMON P
1003 CARLOTTA RD EAST
JACKSONVILLE, FL 32211 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:	MR.	( ) Delete
Name:	DELEON, RAMON P	
Address:	1003 CARLOTTA RD EAST	
City-St-Zip:	JACKSONVILLE, FL 32211 US	
Title:	MR.	( ) Delete
Name:	VINOYA, BERT	
Address:	3005 WEDGEFIELD BLVD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	MR.	( ) Delete
Name:	VALERIO, JOE	
Address:	1988 SALT MYRTLE LANE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	MRS.	( ) Delete
Name:	AGLORO, MILA	
Address:	3660 STARLIGHT LANE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	MRS.	( ) Delete
Name:	ROMERO, ERLINDA	
Address:	8113 POE CT	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	MRS.	( ) Delete
Name:	DELEON, VIRGINIA P	
Address:	1003 CARLOTTA RD EAST	
City-St-Zip:	JACKSONVILLE, FL 32211	

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
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: RAMON P. DE LEON PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date