

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25883

FILED
Jan 05, 2011
Secretary of State

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 (X)

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.
Name: DELEON, RAMON P
Address: 1003 CARLOTTA RD EAST
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MR.
Name: VALERIO, JOE
Address: 1988 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: MRS.
Name: VALERIO, MELY
Address: 1988 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: MRS.
Name: BACHO, NIDA
Address: 5215 TIMAWATHA AVE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: RAMON P. DE LEON

MR

01/05/2011

Electronic Signature of Signing Officer or Director

Date