

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N26156

1. Entity Name
ANG BISAYA OF FLORIDA, INCORPORATED



Principal Place of Business
**P O BOX 152763
TAMPA, FL 33684-2763**

Mailing Address
**P O BOX 152763
TAMPA, FL 33684-2763**



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2874648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELACRUZ, NILDA
547 TALLAHASSEE DR. NE
ST PETERSBURG, FL 33702**

**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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILBAO, ED 4515 W HANNA AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAFFINAN, MARIA M 2625 WESTVIEW CT CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE LA CRUZ, TITO 547 TALLAHASSEE DR NE SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A HONCULADA, ALAN M 10368 CARRÖLLWOOD LN #234 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNES, JOSEITO 940 LIVE OAK CT N6 ST PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSQUERA, BENJAMIN 681 BAY LAUREL CT. SAINT PETERSBURG, FL 337023

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04/12/05-80007-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

N. De La Cruz

N. DE LA CRUZ

4/6/05 813-839-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #