

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26156

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: ANG BISAYA OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

547 TALLAHASSEE DR NE  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 271662  
CARROLLWOOD, FL 33688

**New Mailing Address:**

FEI Number: 59-2874648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LA CRUZ, NILDA  
547 TALLAHASSEE DR. NE  
ST PETERSBURG, FL 33702      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: BILBAO, SUSAN  
Address: 20832 CEDAR BLUFF PL  
City-St-Zip: LAND O'LAKES, FL 34538

Title: V      ( ) Delete  
Name: MOSQUERA, DOLORES N MD  
Address: 681 BAY LAUREL CT  
City-St-Zip: ST PETERSBURG, FL 33703

Title: T      ( ) Delete  
Name: DE LA CRUZ, NILDA  
Address: 547 TALLAHASSEE DR NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: V      ( ) Delete  
Name: NAVARRO, MARILYN  
Address: 20818 LAKE TALIA BLVD  
City-St-Zip: LAND O'LAKES, FL 34538

Title: V      ( ) Delete  
Name: REYNES, CAROL  
Address: 940 LIVE OAK AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: S      ( ) Delete  
Name: DOMPOR, FATIMA  
Address: 10319 CORY LAKES DR  
City-St-Zip: TAMPA, FL 33647

**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: NILDA DE LA CRUZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/08/2009

\_\_\_\_\_  
Date