

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26661** (1)  
1. Corporation Name  
**FILIPINO AMERICAN CULTURAL ASSOCIATION, INC.**



Principal Place of Business <b>6 EMERALD DR. PORPOISE POINT KEY WEST FL 33040-5636</b>	Mailing Address <b>6 EMERALD DR. PORPOISE POINT KEY WEST FL 33040-5636</b>
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3. Date Incorporated or Qualified <b>05/27/1988</b>	
4. FEI Number <b>65-0364554</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TABAG, ERLINDA S. 6 EMERALD DR. PORPOISE POINT KEY WEST FL 33040</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>TABAG, ANDRES P.</b>
STREET ADDRESS	<b>6 EMERALD DRIVE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE
NAME	<b>OSMAR, LOUIS B.</b>
STREET ADDRESS	<b>106 AVE.D, BIG COPPITT</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAMBLE, AMANDA</b>
STREET ADDRESS	<b>25 E. 11TH AVE. STOCK IS</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SUSAN DOMINGUEZ</b>
STREET ADDRESS	<b>13 JEWFISH AVENUE</b>
CITY - ST - ZIP	<b>*KEY LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POPPLAIN, TERESITA</b>
STREET ADDRESS	<b>273 HIBISCUS ST</b>
CITY - ST - ZIP	<b>BIG PINE KEY FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRAMBLE, AMANDA</b>
STREET ADDRESS	<b>25 E. 11TH AVE. STOCK IS</b>
CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>EMILIA COUGHLIN</b>
6.3 STREET ADDRESS	<b>41-H MIRIAM STREET</b>
6.4 CITY - ST - ZIP	<b>KEY WEST FL 33040</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andres P. Tabag* April 20, 1998 (305) 296-9747

CR2E037 (10/97)