

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N26661

1. Entity Name
FILIPINO AMERICAN CULTURAL ASSOCIATION, INC.



Principal Place of Business
**6 EMERALD DR.
PORPOISE POINT
KEY WEST, FL 33040-5636**

Mailing Address
**6 EMERALD DR.
PORPOISE POINT
KEY WEST, FL 33040-5636**



03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0364554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TABAG, ERLINDA S.
6 EMERALD DR.
PORPOISE POINT
KEY WEST, FL 33040**

**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 reinstalling)

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
**CD
TABAG, ANDRES P.
6 EMERALD DRIVE
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUSAN DOMINGUEZ
13 JEWFISH AVENUE
KEY LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POPPLEIN, TERESITA
273 HIBISCUS ST
BIG PINE KEY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
SKINNER, MICHAEL J
29858 SEA LN
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000283584
04/01/05-80050-001 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: *Andres P. Tabag*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05 (305)296-9747
Date Daytime Phone