

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
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



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0364554

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 Erlinda S. Tabag
Signature, typed or printed name of registered agent applicable if applicable

(NOTE: Registered Agent signature required when reinstating)

April 03, 2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 JEW FISH 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

April 03 2007 (305) 296-9747
Date Daytime Phone #