

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30521

FILED
Apr 22, 2009
Secretary of State

Entity Name: BICOL, INC.

Current Principal Place of Business:

1600 SHEFFIELD PARK CT.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

1600 SHEFFIELD PARK CT.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3000472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINES, LILIAN O
1600 SHEFFIELD PARK CT.
JACKSONVILLE, FL 32225 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: GINES, LILIAN O
Address: 1600 SHEFFIELD PARK CT.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SV () Delete
Name: COLE, VICENTA R
Address: 947 WAVERLY BLUFF CT
City-St-Zip: ORANGE PARK, FL 32065 US

Title: T () Delete
Name: MENDEZ, NELLY O
Address: 12081 COACHMAN LAKES WAY
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S () Delete
Name: REBURIANO, ESTRELLA
Address: 3310 DEERFIELD POINTE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: A () Delete
Name: ADIQUE, HORENCIO
Address: 3379 DEERFIELD POINTE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: BM () Delete
Name: RAPADAS, PAULINE
Address: 5414 NANETTE CT
City-St-Zip: JACKSONVILLE, FL 32244 US

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
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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: NELLY O. MENDEZ

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date