

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31633 (3)

1. Corporation Name

THE FILIPINO-AMERICAN VETERAN'S ASSOCIATION OF C
ENTRAL FLORIDA "FAVA", INC.



Principal Place of Business

Mailing Address

%GILL M. MADRIGAL
1891 ASTER DRIVE
WINTER PARK FL 32792

%GILL M. MADRIGAL
1891 ASTER DRIVE
WINTER PARK FL 32792

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2936764

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADRIGAL, GILL M.
1891 ASTER DRIVE
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SARMIENTO, OSCAR
STREET ADDRESS 8309 VILLAGE GREEN RD.
CITY-ST-ZIP ORLANDO FL 32818 ☒ DELETE

1.1 TITLE PD
1.2 NAME DE GUZMAN, ALEX
1.3 STREET ADDRESS 837 ASPENWOOD CIRCLE
1.4 CITY-ST-ZIP KISSIMMEE, FL 34743 ☒ Change ☐ Addition

TITLE SD
NAME GONONG, OSCAR
STREET ADDRESS 701 NANA AVE.
CITY-ST-ZIP ORLANDO FL 32809 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME DE GUZMAN, ALEX
STREET ADDRESS 837 ASPENWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ DELETE

3.1 TITLE DANNY ESPIRITU
3.2 NAME 2963 SMITHFIELD DR
3.3 STREET ADDRESS ORLANDO, FL 32837 ☒ Change ☐ Addition

TITLE TD
NAME MADRIGAL, GILL M.
STREET ADDRESS 1891 ASTER DRIVE
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUHAIN, PEPE P
STREET ADDRESS 4526 JAMERSON PLACE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME DIOS, GERRY D
STREET ADDRESS 104 GULL CT
CITY-ST-ZIP CASSELBERRY FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96

Date

Daytime Phone #

CR2E037 (12/95)