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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N31633

(3)

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

FILED Jan 23 1998 8:00am Secretary of State

A JARAHIRA RABI KIART AKRIB RANJE KINDO KIN BARRI RABIK RABIK BARIK BARIK BARIK BARIK BARIK BARIK BARIK BARIK B

| Pri | ncipal Place of Busines | i6 | Mailing Address SGILL M. MADRIGAL 1891 ASTER DRIVE | | | • | 3. Date Incorporated or Qualified 04/10/1989 | | | | | |
|---------------------------------------|---|---------------|--|----|-------|---|--|-----------------------------------|--|--|--|--|
| 1891 | ILL M. MADRIGAL I ASTER DRIVE | | | | | | | | | | | |
| WINTER PARK FL 32792 | | | WINTER PARK FL 32792 | | | | 4. FEI Number | Applied For Not Applicable | | | | |
| | | | 1 An In Control of the Control of th | | | | 59-2936764 | | | | | |
| 2. 21 | Principal Place of Busi | ness | 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| | Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | |
| | City & State | | City & State | | | · · · · · | 7. Is this nonprofit corporation a homeowners association? | | | | | |
| | Zip | Country 25 | Zip 29 | 30 | untry | | This corporation owes or has paid the current Personal Property Tax due June 30. | rrent year Intangible Yes 🖟 No | | | | |
| e-4 | 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | | 81 | Name | | | | | | |
| MADRIGAL, GILL M. 1891 ASTER DRIVE | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| WINTER PARK FL 32792 | | | | | 83 | | | | | | | |
| | | | | | 104 | City | 85 Zin 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 applical | ole. (NOTE: R | | required when reinstating) | DATE | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO | | |
| TITLE | PD | ▼ DELETE | 1.1 TITLE $\mathcal{P}\mathcal{D}$ | RONNIE FSCA | Change ☐ Change | Addition |
| NAME | DEGUZMAN, ALEX | | 1.2 NAME | RONNIE ESCA 10625 STAING | - BUCK TA | A.C |
| STREET ADDRESS | 837 ASPENWOOD CIRCLE | | 1.3 STREET ADDRESS | ORLANDO, FL | 21000 | |
| CITY-ST-ZIP | KISSIMMEE FL | | 1.4 DITY-ST-ZIP | OKLANDO, FL | , 328 25 | |
| TITLE | Ď | DELETE | 2.1 TITLE | • | Change | ☐ Addition |
| NAME | POON, SAL | | 2.2 NAME | | | |
| STREET ADDRESS | 1545 NAVARRE ST | | 2.3 STREET ADDRESS | | - | |
| CITY - ST - ZIP | ORLANDO FL | | 2. 4 CiTY-ST-ZIP | | | 820 |
| TITLE | VPD | DELETE | 3.1 TITLE 7/ | Joseph ALej 3308 PAISL OPLANDO, P | ☐ Change | X Addition |
| NAME | ESPIRITU, DANNY | | 3.2 NAME | 3700 POEN | ou ouncle | , |
| STREET ADDRESS | 2963 SMITHFIELD DRIVE | | 3.3 STREET ADDRESS | 0308 1436 | | _ |
| CITY-ST-ZIP | ORLANDO FL | | 3.4. CITY-ST-ZIP | ORLANDO, F | L 32811 | |
| TITLE | TD | DELETE | 4.1 TITLE | , | Change | Addition |
| NAME | MADRIGAL, GILL M. | | 4. 2 NAME | | | |
| STREET ADDRESS | 1891 ASTER DRIVE | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | Ď | DELETE | 5.1 TITLE | | ☐ Change | Addition |
| NAME | BUHAIN, PEPE P | | 5.2 NAME | | | |
| STREET ADDRESS | 4526 JAMERSON PLACE | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | 5.4 CITY-ST-ZIP | | | 1 2 |
| TITLE | Ť | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME . | DIOS, GERRY D | | 6.2 NAME | | | |
| STREET ADDRESS | 104 GULL CT | | 6.3 STREET ADDRESS | | | |
| CITY_ST. 7IP | CASSELBERRY FL | | 6.4 CITY+ST-ZIP | | | |

14. Thereby 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.