

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90207 026 ****61.25

DOCUMENT # N31633

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/10/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD
RONNIE ESCANO**
STREET ADDRESS **10625 SPRING BUCK TRL**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE

NAME **D
POON, SAL**
STREET ADDRESS **1545 NAVARRE ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **VP
JOSEPH ALEJO**
STREET ADDRESS **3308 PAISLEY CIR**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/10/99

(407) 695-7735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0015938