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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N37866** (3)
1. Corporation Name
FILIPINO AMERICAN SOCIETY INC.

Principal Place of Business Mailing Address

% CORA CONWAY
4745 ABADAN ST
NORTH PORE FL 34287

% CORA CONWAY
4745 ABADAN ST
NORTH PORE FL 34287

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/25/1990** 3a. Date of Last Report **03/10/1994**

4. FEI Number **65-0214096** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CONWAY, CORA
4745 ABADAN ST
NORTH PORT FL 34287

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D CONWAY, JAMS F JR.
4745 ABADAN ST.
NORTH PORT FL

D CONWAY, CORA
4745 ABADAN TR.
NORTHPORT FL

D CRUZ, ERLINDA DELA
1093 VERONICA ST.
PORT CHARLOTTE FL

D BALUT, RUBEN
1301 TUSCANY DR
PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT** Change Addition

12 NAME **ADAMO, Frank, M** **SEE ATTACHED**

13 STREET ADDRESS **18475 Goodman Circle**

14 CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

21 TITLE **VICE PRESIDENT - D** Change Addition

22 NAME **BONIFACIO, Rone**

23 STREET ADDRESS **26395 RAMPART AVE**

24 CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

31 TITLE **TREASURER - D** Change Addition

32 NAME **CONWAY, CORA**

33 STREET ADDRESS **4745 ABADAN ST**

34 CITY - ST - ZIP **NORTH PORT FL 34287**

41 TITLE **SECRETARY - D** Change Addition

42 NAME **ADAMO, FELICISIMA**

43 STREET ADDRESS **18475 Goodman Circle**

44 CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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: Frank M Adamo 1/13/95 (813) 624-4199
FRANK M ADAMO Date (Typed Name)

N37866

PRESIDENT

CONWAY, JAMES F. JR

4745 ABADAN ST

NORTH PORT, FL 34287

TRUSTEE