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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N37866 (3)

1. Corporation Name
FILIPINO AMERICAN SOCIETY INC.



Principal Place of Business: % CORA CONWAY, 4745 ABADAN ST, NORTH PORE FL 34287
Mailing Address: % CORA CONWAY, 4745 ABADAN ST, NORTH PORE FL 34287-2302

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business 21 40 AIDA GABARDA Suite, Apt. #, etc. 22 P.O. BOX 2778 City & State 23 Port Charlotte, FL Zip 33949 Country FL	2a. Mailing Address 26 40 AIDA GABARDA Suite, Apt. #, etc. 27 P.O. BOX 2778 City & State 28 Port Charlotte, FL Zip 33949 Country FL	4. FEI Number 65-0214096 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: GABARDA, AIDA
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 2778
83
84 City: Port Charlotte, FL 85 Zip Code: 33949

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: AIDA A GABARDA, TD *Aida Gabarda* 3/15/97
Date: 3/15/97

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: CONWAY, JAMES F. J	STREET ADDRESS: 4745 ABADAN ST.	CITY-ST-ZIP: NORTH PORT FL	<input checked="" type="checkbox"/> DELETE
TITLE: VPD	NAME: BONIFACIO, RENE	STREET ADDRESS: 26395 RAMPART BLVD	CITY-ST-ZIP: PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE: TD	NAME: CONWAY, CORA	STREET ADDRESS: 4745 ABADAN ST	CITY-ST-ZIP: NORTH PORT FL	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: ADAMO, FELICISIMA	STREET ADDRESS: 18475 GOODMAN CIR	CITY-ST-ZIP: PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President	1.2 NAME: ANTONIO L GABARDA	1.3 STREET ADDRESS: 4501 COLLEEN ST.	1.4 CITY-ST-ZIP: PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VPD	2.2 NAME: CLARO de la Cruz	2.3 STREET ADDRESS: 1090 Veronica Ave.	2.4 CITY-ST-ZIP: Port Charlotte, FL 33944	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: TD	3.2 NAME: Melanie Snyder	3.3 STREET ADDRESS: 12420 Cole Ave.	3.4 CITY-ST-ZIP: Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: SD	4.2 NAME: Cophie Gonzalez	4.3 STREET ADDRESS: 2539 Stansel St.	4.4 CITY-ST-ZIP: Port Charlotte, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 an address.

SIGNATURE: ANTONIO GABARDA, DIRECTOR *Antonio Gabarda* 3/15/97 941-669-2650
Date: 3/15/97 Daytime Phone #: 0064552

CR2E037 (9/96)