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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37866

1. Corporation Name
FILIPINO AMERICAN SOCIETY INC.

Principal Place of Business %AIDA GABARDA P O BOX 2778 PT CHARLOTTE FL 33949 US	Mailing Address %AIDA GABARDA P O BOX 2778 PT CHARLOTTE FL 33949 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/25/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0214096
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code FL
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GABARDA, ANTONIO L 4501 COLLEEN ST PT CHARLOTTE FL	11 TITLE RGENE VILLAREAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME 3525 Harbor Blvd # 204	
STREET ADDRESS		13 STREET ADDRESS PORT CHARLOTTE, FLA 33952	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE VPD	CRUZ, CLARA D 1093 VERONICA AVE PT CHARLOTTE FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE TD	SNYDER, MELANIE 12420 COLE AVE PT CHARLOTTE FL	31 TITLE TO - CORA FRAZIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME 22350 N York Ave.	
STREET ADDRESS		33 STREET ADDRESS North Charlotte, FL 33952	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE SD	GONZALES, OPHIE 2539 STAVEN ST PT CHARLOTTE FL	41 TITLE SD - LUISA ROBBINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME 21323 N York Ave	
STREET ADDRESS		43 STREET ADDRESS North Charlotte, FL 33952	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 an address, with all other like empowered.

SIGNATURE: Gene Villareal Date: 3/8/99 Daytime Phone #: 941-625-3000

CR2E037 (11/98)