

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90029 012 ****70.00

DOCUMENT # N37866

1. Entity Name

FILIPINO AMERICAN SOCIETY INC.

Principal Place of Business

22356 NYACK AVE
 PORT CHARLOTTE FL 33952
 US

Mailing Address

P.O. BOX 3828
 PORT CHARLOTTE FL 33949
 US

2. Principal Place of Business

4745 ABADAN ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 495966
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0214096

Applied For

Not Applicable

Zip

34287

Country

Zip

33949-5966

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINDLE, TERESITA
 25688 DEEP CREEK BLVD
 PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name **JAMES F CONWAY JR**

Street Address (P.O. Box Number is Not Acceptable)

4745 ABADAN ST

City **NORTH PORT FL** Zip Code **34287**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *James F Conway Jr*
 Signature, typed or printed name of registered agent and title if applicable.

2/8/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **KINDLE, TERESITA**
 STREET ADDRESS **25688 DEEP CREEK BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **PRESIDENT/D** Change Addition
 NAME **JAMES F CONWAY JR**
 STREET ADDRESS **4745 ABADAN ST**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VD** Delete
 NAME **ASPERILLAH, MARK**
 STREET ADDRESS **3300 TAMiami TRAIL STE 102-A**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VICE PRESIDENT** Change Addition
 NAME **NORMA T. VILLENDO**
 STREET ADDRESS **489 MALEDONIA DRIVE**
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TD5** Delete
 NAME **FRAZIER, CORA**
 STREET ADDRESS **22356 NYACK AVE**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **TREASURER** Change Addition
 NAME **WILMA BALUT**
 STREET ADDRESS **1301 TUSCANY DR.**
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **SD** Delete
 NAME **ONTOG, BETTY**
 STREET ADDRESS **3540 ELYTON CT**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **SECRETARY** Change Addition
 NAME **ROSE PADUA**
 STREET ADDRESS **1186-B RIO DE JANIERO AVE.**
 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AUDITOR** Change Addition
 NAME **CHONA MILLS PAUGH**
 STREET ADDRESS **188 WALNUT AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James F Conway Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 (941)426-7650
 Date Daytime Phone #

CR2E037 (9/01)