2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

Marce of Business Ay36 Macco Ay36 Macc	DOCUMENT # N37866 1. Entity Name FILIPINO AMERICAN SOCIETY INC,					04-28-2004 90213 004 ****70.00				
Subset Apple Subset Subs	4745 ABADON ST P.O. BOX 495966		3949 US			140	YPEGU			
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Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. O423004 Cng.NP CR2E037 (10/03) Cry & State			3. Mailing Address							D) FI 1EEL
Punta Gorda, FL Zip 33950 S. Kernikorde of Status Desired Status			Suite, Apt. #, etc.			04232004	Chg-NP	CR2E037	(10/03)	
Solution			City & State			4. FEI Numbe	1096			
SCHMAY, JAMES F JR A745 ABADAN ST. NORTH PORT, FL 34287 Sireal Address of New Registered Agent CONWAY, JAMES F JR A745 ABADAN ST. NORTH PORT, FL 34287 Sireal Address of New Registered Agent City Punta Gorda FL Zip Code FL Zip Code FL Zip Code FL Zip Code Street Address of New Registered Agent City Punta Gorda FL Zip Code FL Zip Code FL Zip Code Street Address of New Registered Agent City Punta Gorda FL Zip Code FL Zip Code Street Address of New Registered Agent City Punta Gorda FL Zip Code FL Zip Code Street Address of New Registered Agent A38 Macedonia Dr. City Punta Gorda FL Zip Code FL Zip Code Code FL Zip Code Code FL Zip Code Code FL Zip Code FL Zip Code Code FL Zip Code Code FL Zip Code Code Code FL Zip Code Fl Code FL Zip Cod			Zip	Country				\$£		
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NORTH PORT, FL 34287 Street Address [P.O. flox Number is to North Age to North		6. Name and Address of Current F	Registered Agent	N	lame			Registered Age	ent	
8. The above named ertity glumms this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.	CONWAY, JAMES F JR				Nor					<u> </u>
8. The above named ertily \$iumnts this statement for the purpose of changing its registered algorit.	4745 ABADAN ST.			S	treet Address (438	P.O. Box Numbe Macedo	eris Not Acceptab Onia Dr.	le)		
B. The above named entity glibrate this statement for the purpose of changing its registered agent, or both, in the State of Florida. Immailiar with, and accept the obligations of recisiared agent.	NORTHE	JR1, FL 34207						-		
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Filing Fee is \$61.25 Due by Mily 1, 2004 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD	SIGNATURE .			<i>-</i> ₹				4/24/1	94	
Trust Fund Contribution. Addied to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD		Signature, typed of printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Age	ent signature required	l when reinstating)		DATE		
TITLE NAME CONWAY, JAMES P JR STREET ADDRESS CITY-ST-2P TITLE VD NAME ASPERILLAH, MARK 3300 TAMIAMI TRAIL STE 102-A CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME PORT CHARLOTTE, FL 33952 TITLE NAME VILLEND, NORMA T STREET ADDRESS CITY-ST-2P POPT CHARLOTTE, FL 33950 TITLE NAME BALUT, WILMA STREET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33950 TITLE NAME BALUT, WILMA NAME NAME CONSOLATION NAME NAME CONSOLATION NAME NAME CONSOLATION NAME CONSOLATION NAME NAME CONSOLATION NAME CONSOLATION NAME AND CHARGON NAME CONSOLATION NAME AND CHARGON NAME CONSOLATION NAME AND CHARGON NAME CONSOLATION NAME CONSOLATIO										
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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.

GNATURE:

NORMA

T. VILLEND

Purple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone •

SIGNATURE: