


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2004 90213 004 \*\*\*\*70.00

<b>DOCUMENT # N37866</b>	
1. Entity Name <b>FILIPINO AMERICAN SOCIETY INC.</b>	

Principal Place of Business 4745 ABADON ST NORTH PORT, FL 34287 US	Mailing Address P.O. BOX 495966 PORT CHARLOTTE, FL 33949 US
--	---

1400JJ47



2. Principal Place of Business <b>438 Macedonia Dr.</b>	3. Mailing Address Suite, Apt. #, etc.
--	---

04232004 Chg-NP CR2E037 (10/03)

City & State <b>Punta Gorda, FL</b>	City & State	4. FEI Number <b>65-0214096</b>	Applied For Not Applicable
--	--------------	------------------------------------	-------------------------------

Zip <b>33950</b>	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	---------	-----	---------	--

6. Name and Address of Current Registered Agent <b>CONWAY, JAMES F JR 4745 ABADAN ST. NORTH PORT, FL 34287</b>		7. Name and Address of New Registered Agent Name <b>Norma Villeno</b> Street Address (P.O. Box Number is Not Acceptable) <b>438 Macedonia Dr.</b> City <b>Punta Gorda FL</b> Zip Code <b>33950</b>	
---	--	--	--

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Norma T. Villeno* **NORMA T. VILLENDO** *President* 4/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONWAY, JAMES P JR 4745 ABADAN NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norma Villeno 438 Macedonia Dr. Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASPERILLA, MARK 3300 TAMIAHI TRAIL STE 102-A PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mark Asperilla 3300 Tamiami Trail Ste 102A Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, CORA 22356 NYACK AVE PT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elsa Marquez 2110 Aaron St. Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILLENDO, NORMA T 489 MACEDONIA DR. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crispin Guerso P. O. Box 380206 Port Charlotte, FL 33938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALUT, WILMA 1301 TUSCANY DR PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Consolacion P. Velasco 23210 Delavan Ave. Port Charlotte, FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MILLSPAUGH, CHONDA 188 WALNUT AVE. PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Allan Mercado 348 Allworthy St. Port Charlotte, FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Norma T. Villeno* **NORMA T. VILLENDO** *President* 4/24/04 941-637-8897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #