

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90134 042 ****70.00



DOCUMENT # N37866				1. Entity Name		FILIPINO AMERICAN SOCIETY INC,	
Principal Place of Business				Mailing Address			
438 MACEDONIA DR. PUNTA GORDA FL 33950 US				P.O. BOX 495966 PORT CHARLOTTE FL 33949 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip				Country		1st MOORE CR2E037 (10/04)	
4. FEI Number				65-0214096		Applied For Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VILLENOR, NORMA 438 MACEDONIA DR. PUNTA GORDA FL 33950				Name VILLENOR, NORMA			
				Street Address (P.O. Box Number is Not Acceptable) 487 MACEDONIA DR.			
				City PUNTA GORDA			
				FL		Zip Code 33950	
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 <i>NORMA T. VILLENOR</i>				DATE <i>4/14/05</i>			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW; FEE IS \$61.25 Due By May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VILLENOR, NORMA		NAME				
STREET ADDRESS	438 MACEDONIA DR.		STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ASPERILLAH, MARK		NAME	ASPERILLA, MARK			
STREET ADDRESS	3300 TAMiami TRAIL STE 102-A		STREET ADDRESS	3300 TAMiami TRAIL, STE 102-A			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARQUEZ, ELSA		NAME	REMEDIOS GUERZO			
STREET ADDRESS	2110 AARON ST.		STREET ADDRESS	1180 PEPPERTREE LN			
CITY-ST-ZIP	PT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUERZO, CRISPIN		NAME				
STREET ADDRESS	P.O. BOX 380206		STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33938		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VELASCO, CONSOLACION P		NAME				
STREET ADDRESS	23210 DELAVAN AVE.		STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		CITY-ST-ZIP				
TITLE	A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MERCADO, ALLAN		NAME				
STREET ADDRESS	348 ALLWORTHY ST.		STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		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: <i>NORMA T. VILLENOR</i>				DATE: <i>4/14/05</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	