


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37866</b>					
1. Entity Name <b>FILIPINO AMERICAN SOCIETY INC,</b>					
Principal Place of Business <b>1180 PEPPERTREE LANE PORT CHARLOTTE FL 33952 US</b>			Mailing Address <b>P.O. BOX 495966 PORT CHARLOTTE FL 33949 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0214096</b>	
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>GUERZO, CRISPIN 1180 PEPPERTREE LANE PORT CHARLOTTE FL 33952</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VILLEN0, NORMA</b>		NAME		
STREET ADDRESS	<b>438 MACEDONIA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>		CITY-ST-ZIP	<b>000000843003 03/11/08-80052-015 70.00</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAMITTAN, FRANZUEL</b>		NAME		
STREET ADDRESS	<b>111 COLONIAL ST SE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROMERO, MALOU</b>		NAME		
STREET ADDRESS	<b>453 RICOLD TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUERZO, CRISPIN</b>		NAME		
STREET ADDRESS	<b>1180 PEPPERTREE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VELASCO, CONSOLACION P</b>		NAME		
STREET ADDRESS	<b>23210 DELAVAN AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33954</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MERCADO, ALLAN</b>		NAME		
STREET ADDRESS	<b>348 ALLWORTHY ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33954</b>		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Consolacion P. Velasco*  
**CONSOLACION P. VELASCO, TREASURER**      2/26/08      941-255-8214