


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 010 ****70.00

DOCUMENT # N37866
1. Entity Name
FILIPINO AMERICAN SOCIETY INC.



Principal Place of Business
**4745 ABADON ST
NORTH PORT FL 34287
US**

Mailing Address
**P.O. BOX 495966
PORT CHARLOTTE FL 33949
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0214096**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CONWAY, JAMES F JR
4745 ABADAN ST.
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONWAY, JAMES P JR	
STREET ADDRESS	4745 ABADAN	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASPERILLAH, MARK	
STREET ADDRESS	3300 TAMIAHI TRAIL STE 102-A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAZIER, CORA	
STREET ADDRESS	22356 NYACK AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VILLEND, NORMA T	
STREET ADDRESS	489 MACEDONIA DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALUT, WILMA	
STREET ADDRESS	1301 TUSCANY DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	A	<input type="checkbox"/> Delete
NAME	MILLSPAUGH, CHONDA	
STREET ADDRESS	188 WALNUT AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: TSIGNATURE REQUIRED CORA FRAZIER 8/20/03 941-764-7023

CR2E037 (4/03)