

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39216 (9)

1. Corporation Name

FILIPINO-AMERICAN CLUB OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

**3 REDSNAPPER LANE
PONTE VEDRA BCH. FL 32082
US**

**3 REDSNAPPER LANE
PONTE VEDRA BCH. FL 32082
US**

2. Principal Place of Business

2a. Mailing Address

21 2292 Mayport road

26 2292 Mayport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 17

27 Suite # 17

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32233

25 Duval

29 32233

30 duval

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/20/1990

3a. Date of Last Report
02/13/1995

4. FEI Number

59-2893462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

**BALGOS, PURISIMA A.
3 REDSNAPPER LANE
PONTE VEDRA BCH. FL 32082**

81 Name

Pedro E. Herrera

82 Street Address (P.O. Box Number is Not Acceptable)

2292 Mayport Road

83

Suite # 17

84 City

Jacksonville

FL

85 Zip Code

32233

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-22-96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **BALGOS, PURISIMA A.**
STREET ADDRESS **3 REDSNAPPER LANE**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

TITLE **DV** ☒ DELETE
NAME **HERRERA, PETE**
STREET ADDRESS **3249 ASHRIDGE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☒ DELETE
NAME **GERONIMO, ESTELA**
STREET ADDRESS **2571 STERN DR.**
CITY-ST-ZIP **ATLANTIC BCH. FL**

TITLE **DT** ☐ DELETE
NAME **BALGOS, NELSON B.**
STREET ADDRESS **3 REDSNAPPER LANE**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

TITLE **DT** ☒ DELETE
NAME **DANCEL, GRACE**
STREET ADDRESS **416 IREX RD.**
CITY-ST-ZIP **ATLANTIC BCH. FL**

TITLE **D** ☒ DELETE
NAME **CARANGIAN, REY**
STREET ADDRESS **2761 COLONIES DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Herrera, Pedro E**
1.3 STREET ADDRESS **2292 Mayport Road # 17**
1.4 CITY-ST-ZIP **Jacksonville, FL 32233**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **Carangian, Reynaldo**
2.3 STREET ADDRESS **2761 colonies Dr**
2.4 CITY-ST-ZIP **JacksonvilleBeach, FL 32250**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Bacani, Beth**
3.3 STREET ADDRESS **1046 Magnolia Landing Drive**
3.4 CITY-ST-ZIP **Jacksonville, FL 32233**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE **DT** ☒ Change ☐ Addition
5.2 NAME **Fajardo, Lydia**
5.3 STREET ADDRESS **1133 First Ave North**
5.4 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

6.1 TITLE **DV** ☒ Change ☐ Addition
6.2 NAME **Barata, Raymundo**
6.3 STREET ADDRESS **13126 Annandale Dr South**
6.4 CITY-ST-ZIP **Jacksonville, FL 32225**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

Date

Daytime Phone #

CR2E037 (12/95)