2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39216

FILED Jan 12, 2006 Secretary of State

Entity Name: FILIPINO-AMERICAN CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 3 REDSNAPPER LN PONTE VEDRA BEACH, FL 32082 LIS **Current Mailing Address: New Mailing Address:** 3 REDSNAPPER LN. PONTE VEDRA BEACH, FL 32082 US FEI Number: 59-2893462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALGOS, NELSON B 3 REDSNAPPER LN. PONTE VEDRA BEACH, FL 32082 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SUMAGUI, LARRY Name: Name: 863 RUDDER RD. Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: DVP () Delete Title: () Change () Addition BALGOS, NELSON Name: Name: Address: 3 REDSNAPPER LN. Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: SEC () Delete Title: () Change () Addition ALFARO, LORI Name: Name: 1034 PALM LANDING DR. Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: ΑT () Delete Title: () Change () Addition Name: BANEZ, GLORIA Name: 4460 AUTUMN RIVER RD E Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: AST () Delete Title: AST (X) Change () Addition BACANI, BETH Name: Name: BACANI, BETH 569 MAGNOLIA ST. 1069 MAGNOLIA LANDING Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233 Title: () Delete Title: (X) Change () Addition BALGOS, PURISIMA A GENOVE. ESTELLE Name: Name: Address: 3 REDSNAPPER LANE Address: 569 MAGNOLIA ST PONTE VEDRA BEACH, FL 32082 NEPTUNE BEACH, FL 32266 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON B. BALGOS DVP 01/12/2006