

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N39216

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



FILED
06 SEP 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3 REDSNAPPER LN.
PONTE VEDRA BEACH, FL 32082 US

Mailing Address
3 REDSNAPPER LN.
PONTE VEDRA BEACH, FL 32082 US

2. Principal Place of Business
866 Rudder Road
Suite, Apt. #, etc.

3. Mailing Address
866 Rudder Road
Suite, Apt. #, etc.



08082006 Chg-NP CR2E037 (4/06)

City & State
Atlantic Beach FL
Zip 32233 Country USA

City & State
Atlantic Beach FL
Zip 32233 Country USA

4. FEI Number
59-2893462
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BALGOS, NELSON B
3 REDSNAPPER LN.
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
MRS. Nenita Romero
Street Address (P.O. Box Number is Not Acceptable)
866 Rudder Road
City Atlantic Beach FL Zip Code 32233

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
Nenita G. Romero
Signature, typed or printed name of registered agent and title if applicable.

9-16-06

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VP SUMAGUI, LARRY 863 RUDDER RD. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BALGOS, NELSON 3 REDSNAPPER LN. PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALFARO, LORI 1034 PALM LANDING DR. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BANEZ, GLORIA 4460 AUTUMN RIVER RD E JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BACANI, BETH 1069 MAGNOLIA LANDING ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENOVE, ESTELLE 569 MAGNOLIA ST NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800090095758 09/22/06--01055--024 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandy L. BARATA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1412 MOON HARBOR CT ST AUGUSTINE, FL 32092 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Genove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/06 (904) 246-1382