FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME N41851

(9)

PHILIPPINE CULTURAL SOCIETY, INC.

Principal Place	e of Business	Mailing Address			1	1141 AIBII ALAII BIBII BIBII :	848() BIB) (6 8)
8124 POLARA (PENSACOLA FI		8124 POLARA CT PENSACOLA FL 32506-373	35				
					3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last F . 05/01/19	teport 1996
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number	A	oplied For
21		26			59-3047052		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be			
23	Country	Zip Country		Trust Fund Contribution Added to Fees			
Zip 24	Country Zip		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre	nt Registered Agent	30	10. Name and Address of New Registered Agent			
			81	Name	TO. HEIRO ERIO PROGRESSION VICTORIA	grotorou rigoni	
ESTIL ON	NG ALIRELIA F.		-	0	(DO De Newton Library	1-3	
ESTILONG, AURELIA F. 8124 POLARA CT			82	Street Add	ress (P.O. Box Number is Not Acceptab	16)	
PENSACOLA FL 32506				*			
LEUNHOPP I F 05000							~
			84	City		FL 85 Zip	Code
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m tapatlar with, and accept the oblid	e of Florida. Such change was a	authorized by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE	(Iwelia X	Estilma			4	127/97	
	Signature, typed or printed name of regulared ag			nt signature requi	red when reinstating)	DATE /	
12.	OFFICERS AF	ND DIRECTORS U	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition
NAME	BAUTISTA, EUFROCINA A.			1		C change	L.J Addition
STREET ADDRESS	1 non-neuron		1.8 NAME 1.3 STREET ADDRESS				
	\$P1101001 1 F1		1.4 CITY - S				
CITY-ST-ZIP TITLE	Ď	DELETE 2.1		11-ZIP		☐ Change	Addition
NAME			2.2 NAME	1			7,20,000
STREET ADDRESS	6699 PENTON ST		2 3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE			Change	☐ Addition
NAME	ESTILONG, AURELIA F.		3.2 NAME			•	
STREET ADDRESS	8124 POLARA CT		3.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4. CiTY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			L. Change	Addition
NAME			5,2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			

14. I do 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 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 an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

in Gureliant Culling 4/28/

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP