

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90006 028 ****61.25

DOCUMENT # N41851

1. Entity Name

PHILIPPINE CULTURAL SOCIETY, INC.



Principal Place of Business

8124 POLARA COURT
PENSACOLA FL 32506

Mailing Address

8124 POLARA COURT
PENSACOLA FL 32506

2. Principal Place of Business

same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3047052

Applied For

Not Applicable

5. Certificate of Status Desired

N/A

~~\$8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

ESTILONG, AURELIA DR.
8124 POLARA CT.
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

same as above

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

N/A **\$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
P/D
ESTILONG, AURELIA DR.
8124 POLARA CT.
PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D
GIFFORD, WAYNE
1550 SANDDIFF DR.
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GIFFORD, JOYCE
1550 SANDDIFF DR.
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TR
NEFF, CRIS
615 MILLS AVE.
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RO
RIVERS, EVALINE
8121 LILLIAN HWY. #22
PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEFF, LUTHER CAPT
615 MILLS AVE.
PENSACOLA FL 32507 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
none / no change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

Dr. Aurelia F. Estilong, Pres. (PCS)

02/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #