

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44786

FILED
Apr 30, 2009
Secretary of State

Entity Name: PHILIPPINE PERFORMING ARTS COMPANY, INC.

Current Principal Place of Business:

5033 BERNADETTE DR
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

5033 BERNADETTE DRIVE
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-3087640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMILA, JOSE HORSTMANN
5033 BERNADETTE DRIVE
ZEPHYRHILLS, FL 335411910 US

Name and Address of New Registered Agent:

OMILA, JOSE H
5033 BERNADETTE DRIVE
ZEPHYRHILLS, FL 335411910 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: JOSE OMILA

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIGLETE, ARNELL
Address: 105 KEY HAVEN COURT
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: SIBAYAN, JENETTE
Address: 4922 HI VISTA CIRCLE
City-St-Zip: TAMPA, FL 33625 US

Title: D () Delete
Name: OMILA, JOSE
Address: 5033 BERNADETTE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: T () Delete
Name: GALLOWAY, LIBERTY
Address: 1880 OAK STREET
City-St-Zip: CLEARWATER, FL 33760 US

Title: S () Delete
Name: HAMILTON, ABIGAIL
Address: 6124 JACKSON STREET
City-St-Zip: NEW PORT RICHEY, FL 34653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSE OMILA

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date