

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N48334** (9)
1. Corporation Name
CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA, INC.



Principal Place of Business: 979 DEAN CIRCLE DELTONA FL 32738 US
Mailing Address: 979 DEAN CIRCLE DELTONA FL 32738 US

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3115794
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**CRUZ, MIKE A.
979 DEAN CIRCLE
DELTONA FL 32738**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CRUZ, MIKE A.
STREET ADDRESS	979 DEAN CIRCLE
CITY - ST - ZIP	DELTONA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CRUZ, PAT
STREET ADDRESS	979 DEAN CIRCLE
CITY - ST - ZIP	DELTONA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SALAS, RICHARD
STREET ADDRESS	13416 LAKE MARY JANE RD
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	QUINTANILLA, ROSE
STREET ADDRESS	926 VICKSBURG ST
CITY - ST - ZIP	DELTONA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	TOVES, HERMAN
STREET ADDRESS	12513 AUTUMBROOK TRAIL E
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	CRUZ, GEORGE
STREET ADDRESS	3910 HOLLOWDS DR
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	800001834228
4.4 CITY - ST - ZIP	-05/22/96--01033--007
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***70.00
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Pat Cruz - CRUZ, Pat 4/27/96 904-736-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)