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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



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

3. Date Incorporated or Qualified 04/08/1992 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-3115794 Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, MIKE A.
979 DEAN CIRCLE
DELTONA FL 32738

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CRUZ, MIKE A.
STREET ADDRESS 979 DEAN CIRCLE
CITY-ST-ZIP DELTONA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CRUZ, PAT
STREET ADDRESS 979 DEAN CIRCLE
CITY-ST-ZIP DELTONA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME SALAS, RICHARD
STREET ADDRESS 13416 LAKE MARY JANE RD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME QUINTANILLA, ROSE
STREET ADDRESS 926 VICKSBURG ST
CITY-ST-ZIP DELTONA FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S
4.3 STREET ADDRESS YAMAGUCHI, DEBBIE
4.4 CITY-ST-ZIP 5616 KILDARE CT JACKSONVILLE, FL

TITLE P ☒ DELETE
NAME TOVES, HERMAN
STREET ADDRESS 12513 AUTUMBROOK TRAIL E
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME P
5.3 STREET ADDRESS GUERRERO, DAVID
5.4 CITY-ST-ZIP 8514 CHARLESGATE CIRCLE E. JACKSONVILLE, FL 32244

TITLE VP ☒ DELETE
NAME CRUZ, GEORGE
STREET ADDRESS 3910 HOLLOWDS DR
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VP
6.3 STREET ADDRESS BENAVENTE, FRANK
6.4 CITY-ST-ZIP 637 CHARLES PINCKNEY ST ORANGE PARK, FL 32073

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.

SIGNATURE *[Signature]* X2681 11/25/97 1604736-5922

CR2E037 (9/96)