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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48334

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/08/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3115794

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 25

29 30

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

CRUZ, PAT

82 Street Address (P.O. Box Number is Not Acceptable)

same address

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

Pat Cruz

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

3.1 TITLE T
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

EVENSON, TERRY
1398 WILDERNESS LANE
TITUSVILLE, FL 32796-4213

TITLE S ☒ DELETE
NAME YAMAGUCHI, DEBBIE
STREET ADDRESS 5616 KILDARE CT
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE S
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TOVES, BARBARA
11097 HAMPTON GABLE COURT
JACKSONVILLE, FL 32257

TITLE P ☒ DELETE
NAME GUERRERO, DAVID
STREET ADDRESS 8514 CHARLEGATE CIRCLE E
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE P
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

ALCANTARA, MARIA
2625 FALLBROOK DRIVE
OVIEDO, FL 32765

TITLE VP ☒ DELETE
NAME BENAVENTE, FRANK
STREET ADDRESS 637 CHARLES PINCKNEY ST
CITY-ST-ZIP ORANGE PARK FL

6.1 TITLE VP
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

CONLEY, BEL
1135 MACTAVANDASH DRIVE
OVIEDO, FL 32765

14. 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 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, with all other like empowered.

SIGNATURE:

Pat Cruz

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/26/99 (904) 736-5983

Date

Daytime Phone # 82681

CR2E037 (1/98)