

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

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90189 015 \*\*\*\*70.00

**DOCUMENT # N48334**

1. Entity Name

CHAMORROS AND FRIENDS GUAM CLUB OF FLORIDA,  
INC.



Principal Place of Business

806 MAZURKA DR.  
CHULUOTA FL 32766  
US

Mailing Address

806 MAZURKA DR.  
CHULUOTA FL 32766  
US

2. Principal Place of Business

926 VICKSBURG STREET

Suite, Apt. #, etc.

3. Mailing Address

2625 FALLBROOK DRIVE

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

DELTONA, FL

City & State

OVIEDO, FL

4. FEI Number

59-3115794

Applied For

Not Applicable

Zip

32725

Country

US

Zip

32765

Country

US

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALCANTRA, MARIA P  
806 MAZURKA DR.  
CHULUTOA FL 32766

7. Name and Address of New Registered Agent

Name **CHARLES SHIERY**

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

2625 FALLBROOK DRIVE

City

OVIEDO

FL

Zip Code

32765

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

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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ALCANTARA, MARIA P  
STREET ADDRESS 806 MAZURKA DR.  
CITY-ST-ZIP CHULUOTA FL 32766

TITLE VP ☒ Delete  
NAME CAMIT, JOSEPH  
STREET ADDRESS 1 EDGE PLACE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE S ☐ Delete  
NAME TORRES, ANNIE  
STREET ADDRESS 5281 HEATHWOOD GABLE TERRACE  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE T ☒ Delete  
NAME DUNGCA, LYDIA  
STREET ADDRESS 1808 MAHAGANY DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete  
NAME REED, JAMES  
STREET ADDRESS 10913 MILL POND WAY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☒ Delete  
NAME NOBLE, BARBARA  
STREET ADDRESS 20 PANSY CT.  
CITY-ST-ZIP MIDDLEBURG FL 32068

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P ☐ Change ☒ Addition  
NAME ROY DUENAS  
STREET ADDRESS 926 VICKSBURG STREET  
CITY-ST-ZIP DELTONA, FL 32725

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

TITLE T ☐ Change ☒ Addition  
NAME CHARLES SHIERY  
STREET ADDRESS 2625 FALLBROOK DRIVE  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE D ☐ Change ☒ Addition  
NAME MIKE PERRY  
STREET ADDRESS 1268 FOXMEADOW TERRACE  
CITY-ST-ZIP MIDDLEBURG, FL 32068

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04 407-359-8185