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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:25

DOCUMENT # **N49150** **(8)**

1. Corporation Name

BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
428 BALL CT KISSIMMEE FL 34759	428 BALL CT KISSIMMEE FL 34759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1992**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-3128025** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DE MESA, MENANDRO M.
428 BALL CT
KISSIMMEE FL 34759

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	DE MESA, MENANDRO M.	12 NAME	Gonzales, Pedro I.	
STREET ADDRESS	428 BALL CT	13 STREET ADDRESS	1830 King's Highway	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	HERRING, RICHARD O.	22 NAME		
STREET ADDRESS	724 N MAIN ST	23 STREET ADDRESS	925 Whitlock Ave. #1313	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	Marietta, GA 30064	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	MARTIJA, LITA A.	32 NAME	Owen, Charles	
STREET ADDRESS	1320 CARLTON	33 STREET ADDRESS	17 S. Vernon Ave.	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	Kissimmee, Fl 34741	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	DE MESA, ZENAIDA D.	42 NAME	Aspiras, Vicky D.	
STREET ADDRESS	428 BALL CT	43 STREET ADDRESS	5541 Bellewood St.	
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	NGO, JUANITO	52 NAME	Tobias, Nieves A.	
STREET ADDRESS	185 SPRING LAKE HILLS DR	53 STREET ADDRESS	600 Hazelwood Dr.	
CITY-ST-ZIP	ALTAMONTE SPGS FL	54 CITY-ST-ZIP	Kissimmee, Fl 34743	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	DAGANI, VAL	62 NAME	Dator, Nora A.	
STREET ADDRESS	911 N MAIN ST SUITE 2	63 STREET ADDRESS	2410 Ravendale Ct.	
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP	Kissimmee, Fl 34758	

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)(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: Menandro M. de Mesa *Menandro M. de Mesa* 3/25/95 (813)437-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #