FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

172

DOCUMENT # **N49150** (8)

1. Corporation Name

BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O PEDRO GONZALES. MD 461 WEST OAK ST.. STE. D KISSIMMEE FL 34741	C/O PEDRO GONZALES. MD 461 WEST OAK ST.. STE. D KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: MARIA L. GONZALES-HOYES, Atty at Law
82 Street Address (P.O. Box Number is Not Acceptable): 20 S. Rose Avenue Suite I
83: Kissimmee Fl 34741
84 City: Kissimmee FL 85 Zip Code: 34741

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: Maria L. Gonzales-Hoyes — March 14, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MESA, MENANDRO M. 428 BALL CT KISSIMMEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Pedro Gonzales 461 W Oak St Suite D Kissimmee Fl 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRING, RICHARD O. 925 WHITLOCK AVE. #1313 MARIETTA GA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Charles Owen 17 S Vernon St Kissimmee Fl 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIJA, LITA A. 1320 CARLTON LONGWOOD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Pio Sian 1801 Hardin Place Palm Bay Fl 32905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MESA, ZENAIDA D. 428 BALL CT KISSIMMEE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Josephine E Tan 14644 Quail Lake Cir Orlando Fl 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOBIAS, NIEVES A 600 HAZELWOOD DR KISSIMMEE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Rosendo Gonzales 841 E Oak St Kissimmee Fl 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DATOR, NORA A 2410 RAVENDALE CT. KISSIMMEE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Vicky Aspiras 5541 Bellewood St So Villa Orlando Fl 32812	☐ Change ☒ Addition

CR2E037 (12/95)

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: Nora A. Tobias, Treasurer — D- See Add'l sheet (407) — 3/25/96 — 846-7814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Add'l Page to ANNUAL REPORT - 1996
BATAAN-CORREGIDOR MEMORIAL FOUNDATION INC
DOCUMENT # N49150
Item 13 Continuation Addition to Officers/Directors

D
Romulo Arbas
600 N Thacker Ave C-18
Kissimmee Fl 34741

D
C. R. Cruzada
7337 Aloma Ave Ste 200
Winter Park Fl 32792

D
Samuel Moody
102 Bayberry Rd
Altamonte Springs Fl 32714

D
Estrelita Ramos
600 Thacker Ave C-18
Kissimmee Fl 34741

Nieves A Tolias, Treasurer 3/25/96 (407) 846-7814