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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

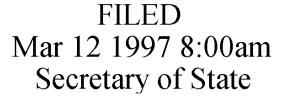
DOCUMENT #

1. Corporation Name

N49150

(8)

## BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.





Principal Pla	ace of Business	Mailing Address			i innicial at a casa in a casa cana cana cana acc	rr and altii dien dien dien d	iğit ElEsi asısı tüği
	GONZALES. MD IAK ST., STE. D	C/O PEDRO GONZALES 461 WEST OAK ST., ST KISSIMMEE FL 34741-81	te. D				
VIOOIWMEE I	rL 34/41	MODIMMEE IL STATO	024		3. Date Incorporated or Qualified 05/29/1992	3a. Date of Lac 04/19	st Report <b>/1996</b>
	Place of Business	2a. Mailing Address	<u>-</u>		4. FEI Number 59-3128025		Applied For
Suite, Ap	ot. #. etc.	Suite, Apt. #, etc.				\$8.7	Not Applicable  5 Additional
22		27			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	Required
City & Sta	ate	City & State			6. Election Campaign Financing		00 May Be
23	Country	28 Zin	Cours		Trust Fund Contribution		ed to Fees
Zip <b>24</b>	Country 25	Zip	Coun	ry	This corporation has liability for Florida Statutes	r intangible tax und ☐ Yes ☐ <b>M</b> No	er s. 199.032,
:4	9. Name and Address of Curre		1301		10. Name and Address of New R		
				1 Name		<del>-7</del>	
MOALA	L. GONZALES-HOYES		_	<u> </u>	MARIA L. Gonzales-	ноуев	
20 S ROSE AVE SUITE I					dress (P.O. Box Number is Not Accepted 1830 Kings Highway		
	MMEE FL 34741		Į.	3	1030 KINGS HIGHWAS		<u></u>
Linoin	MINICE I C OT/ T I		L				
	-		6	City	Kissimmee	FL  85 3	Zip Code
11. Pursuar	nt to the provisions of Sections 617.05	02 and 617 1508. Florida Sta	tutes the abo	ve-named co	rooration submits this statement for the		no its registered
office of	r registered agent, or both, in the Stat	ie of Florida. Such change wa	s authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointmen	as registered
agent. i	arn tamiliar with, and accept the obli	gations of, Section 617.0503,	Florida Statu	es.			
SIGNATURE	Signature: typed or printed name of registered a	gent and little if applicable (f)	VOTE: Registered	laent signature regi	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	:		☐ Char	ige 🔲 Addition
NAME	DE MESA, MENANDRO M.		1.2 NAN	E Ì			
STREET ADDRESS							
STREET ADDRESS	s 428 BALL CT		1.3 STR	ET ADDRESS			
CHTY-ST-ZIP	428 BALL CT KISSIMMEE FL	DELETE		-SY-ZIP		☐ Char	ige 🔲 Addition
CITY-ST-ZIP	KISSIMMEE FL D	☐ DELETE	1.4 CfT	-ST-ZIP		☐ Char	ige Addition
CHTY-SI-ZIP TITLE	KISSIMMEE FL D PEDRO GONZALES	☐ DELETE	1.4 CfTv 2.1 TfTL 2.2 NAM	-ST-ZIP		☐ Char	ige 🔲 Addition
CHTY-ST-ZIP TITLE NAME	D PEDRO GONZALES 481 W OAK ST SUITE D	☐ DELETE	1.4 CITY 2.1 THTL 2.2 NAM 2.3 STR	-ST-ZIP E		☐ Char	ige [] Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	KISSIMMEE FL D PEDRO GONZALES	☐ DELETE	1.4 CITY 2.1 THTL 2.2 NAM 2.3 STR	-SY-ZIP E IE EET ADDRESS (-ST-ZIP		☐ Char	
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CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	KISSIMMEE FL D PEDRO GONZALES 481 W OAK ST SUITE D KISSIMMEEE FL D MARTIJA, LITA A. 1320 CARLTON LONGWOOD FL D DE MESA, ZENAIDA D. 428 BALL CT KISSIMMEE FL D TOBIAS, NIEVES A 600 HAZELWOOD DR KISSIMMEE FL D DATOR, NORA A	DELETE	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAA	-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	DATOR, NORA A 2918 - 17 TH Stre St Cloud F1 4376	☐ Char☐ Cha	nge Addition

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.