


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49150 (8) 1. Corporation Name BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.					
Principal Place of Business C/O PEDRO GONZALES. MD 461 WEST OAK ST., STE. D KISSIMMEE FL 34741			Mailing Address C/O PEDRO GONZALES. MD 461 WEST OAK ST., STE. D KISSIMMEE FL 34741-6624		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/29/1992 3a. Date of Last Report 04/19/1996 4. FEI Number 59-3128025 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARIA L. GONZALES-HOYES 20 S ROSE AVE SUITE I KISSIMMEE FL 34741			10. Name and Address of New Registered Agent 81 Name MARIA L. Gonzales-Hoyes 82 Street Address (P.O. Box Number is Not Acceptable) 1830 Kings Highway 83 84 City Kissimmee FL 85 Zip Code 34743		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature: typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE MESA, MENANDRO M.	1.2 NAME			
STREET ADDRESS	428 BALL CT	1.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEDRO GONZALES	2.2 NAME			
STREET ADDRESS	461 W OAK ST SUITE D	2.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIJA, LITA A.	3.2 NAME			
STREET ADDRESS	1320 CARLTON	3.3 STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE MESA, ZENaida D.	4.2 NAME			
STREET ADDRESS	428 BALL CT	4.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBIAS, NIEVES A	5.2 NAME			
STREET ADDRESS	600 HAZELWOOD DR	5.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL	5.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DATOR, NORA A	6.2 NAME			
STREET ADDRESS	2410 RAVENDALE CT.	6.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL	6.4 CITY - ST - ZIP			
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.					
SIGNATURE: <i>Mines A. Indured</i> 3/6/97 (407) 846-7814 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089789					

CR2E037 (9/96)