

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 27 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
KISSIMEE FL 34741

C/O PEDRO GONZALES, MD  
461 WEST OAK ST., STE. D  
KISSIMEE FL 34741

3. Date Incorporated or Qualified

**05/29/1992**

4. FEI Number

**59-3128025**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALES-HOYES, MARIA L**  
**1830 KINGS HIGHWAY**  
**KISSIMEE FL 34743**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE MESA, MENANDRO M.</b>	
STREET ADDRESS	<b>428 BALL CT</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEDRO GONZALES</b>	
STREET ADDRESS	<b>461 W OAK ST SUITE D</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTHA, LITA A.</b>	
STREET ADDRESS	<b>1320 CARLTON</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE MESA, ZENaida D.</b>	
STREET ADDRESS	<b>428 BALL CT</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOBIAS, NIEVES A</b>	
STREET ADDRESS	<b>600 HAZELWOOD DR</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DATOR, NORA A</b>	
STREET ADDRESS	<b>2018 17TH ST</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HERRING, RICHARD O.</b>	
1.3 STREET ADDRESS	<b>514 A VERONA</b>	
1.4 CITY-ST-ZIP	<b>KISSIMEE, FL 34741</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>OWEN, CHARLES</b>	
2.3 STREET ADDRESS	<b>17 S. VERNON AVE.</b>	
2.4 CITY-ST-ZIP	<b>KISSIMEE, FL 34741</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ASPIRAS, VICKY D.</b>	
3.3 STREET ADDRESS	<b>5541 BELLEWOOD ST.</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ARBAS, ROMULO A.</b>	
4.3 STREET ADDRESS	<b>600 THACKER AVE, SUITE 810</b>	
4.4 CITY-ST-ZIP	<b>KISSIMEE, FL 34741</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DE CHAVEZ, LINDA</b>	
5.3 STREET ADDRESS	<b>1958 FAIRFISH</b>	
5.4 CITY-ST-ZIP	<b>KISSIMEE, FL 34744</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CRUZADA, JON</b>	
6.3 STREET ADDRESS	<b>4659 KARWILLA CREST PL</b>	
6.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	

14. 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 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:

*Mena dora M de Mesa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MENANDRO M DE MESA**

**8/18/98**  
Date

Daytime Phone #

CR2E037 (5/98)