FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N49150

BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.

Principal	Place	of Bu	ısine	SS
C/O PED	RO GO	ONZA	LES.	MD
461 WES	t oak	ST.,	STE	. D
KICCIMME	E EI	34741	I	

Mailing Address

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



07-08-1999 90027 025 ****61.25



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 05/29/1992	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number Applied For 59-3128025 Not Applicable	
City'& State	City & State	5. Certifcate of Status Desired	
Zip Country	Zip Cou 29 30	 6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees 	
9. Name and Address of Cur	rrent Registered Agent	10. Name and Address of New Registered Agent	
GONZALES-HOYES, MARIA L		Name Street Address (P.O. Box Number is Not Acceptable)	
1830 KINGS HIGHWAY KISSIMMEE FL 34743		3 Substitutions (F.O. Box Number is Not Acceptable)	
		4 City FL 85 Zip Code	
1. Pursuant to the provisions of Sections 617.	0502 and 617.1508, Florida Statutes, the a	ve-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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	₹3.	NOTE 5	7.2	equired when reinstating) OATE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rej	gistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	J. DELETE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TTLE	ν _α .	DELETE	1.1 TITLE	D	☐ Grange	ZAJ AUGILION
IAME	de Mesa, Menandro M.			HERRING, RICHARDO.		
STREET ADDRESS	428 BALL CT		1.3 STREET ADDRESS	514 A VERONA		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMER, FL 34741		
TITLE	D .	DELETE	2.1 TITLE	D	Change	Addition
NAME ,	PEDRO GONZALES		2.2 NAME	OWEN, CHARLES		
STREET ADDRESS	461 W OAK ST SUITE D	<u> </u>	2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEEE FL		2. 4 CITY-ST-ZIP	KISSIMHEE, FL 94741		
IIILE" - "	D	DELETE	3.1.TITLE	-0.	Change	X Addition
VAME	MARTIJA, LITA A.		3.2 NAME	ASPIRAS, VICKY D.		- <u>-</u> - '
STREET ADDRESS	1320 CARLTON		3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY-ST-ZIP	ORLENDO, 1=1 32813		
ITLE		DELETE	4.1 TITLE	D	☐ Change	Addition
VAME	DE MESA, ZENAIDA D.		4. 2 NAME	ARBAN, ROMULO A.		
STREET ADDRESS	428 BALL CT		4.3 STREET ADDRESS	, - ,	40	·
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	KISSIMMER, FL 34741		
TITLE	^x D	☐ DELETE	5.1 TITLE	<i>D</i>	Change	Addition
VAME	DE CHAVEZ, LINDA		5.2 NAME	CRUZADA, JUN		ļ
STREET ADDRESS	1858 FAILFISH		5.3 STREET ADDRESS	4559 KANWICLA CREET PL		ſ
CITY-ST-ZIP	KISSIMMEE FL 34744		5.4 CITY-ST-ZIP	WINTER PARK, FC 32792		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME .	DATOR, NORA A		6.2 NAME	GONZALES, ROSEMOO		
STREET ADDRESS	2918 17TH ST	i	6.3 STREET ADDRESS	V -		
CITY-ST-ZIP	ST CLOUD FL		6.4 CITY-ST-ZIP	KISSIMMEE FL 34744		

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 principles and that my name appears in all other like empowered.

SIGNATURE: