

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90037 019 ****61.25

DOCUMENT # N49150

1. Entity 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

54020882



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3128025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES-HOYES, MARIA-L
2011 HOUNDS LAKE CT
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DE MESA, MENANORO M
STREET ADDRESS 428 BALL CT.
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☐ Delete
NAME GONZALES, PEDRO
STREET ADDRESS 461 W. OAK ST., STE D
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME ASPIRAS, VICKY D
STREET ADDRESS 5541 BELLEWOOD ST
CITY-ST-ZIP ORLANDO FL 32813

TITLE ☐ Delete
NAME ASPIRAS, PAT
STREET ADDRESS 2767 LA ALAMEDA AVE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☒ Delete
NAME CRUZABA, JUN
STREET ADDRESS 4559 KARWICCA CREST PL
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME DE MESA, ZENaida D
STREET ADDRESS 428 DILL CT
CITY-ST-ZIP KISSIMMEE FL 34759

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ARBAS, ROMULO A.
STREET ADDRESS 717 DEL PRAVO
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ZENaida D DE MESA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

Daytime Phone #