


FILED  
Feb 12, 2008 8:00 am  
Secretary of State

02-12-2008 90009 028 \*\*\*\*70.00

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # N50030</b>   |  |   |  |
| 1. Entity Name<br><b>BIG BEND FILIPINO-AMERICAN ASSOCIATION, INC.</b>  |  |  |  |
| Principal Place of Business<br><b>1307 WALDEN ROAD<br/>TALLAHASSEE, FL 32317 US</b>  |  | Mailing Address<br><b>1307 WALDEN ROAD<br/>TALLAHASSEE, FL 32317 US</b>  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |
| Suite, Apt. #, etc.<br><b>3730 SWALLOWTAIL TRACE</b>   |  | Suite, Apt. #, etc.<br><b>3730 SWALLOWTAIL TRACE</b>   |  |
| City & State<br><b>TALLAHASSEE, FL</b>   |  | City & State<br><b>TALLAHASSEE, FL</b>   |  |
| Zip<br><b>32309</b>  | Country<br><b>U.S.A.</b>   | Zip<br><b>32309</b>  | Country<br><b>U.S.A.</b>   |
| 4. FEI Number<br><b>59-3136866</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>HANSEN, AURORA M<br/>921 MAPLEWOOD AVENUE<br/>TALLAHASSEE, FL 32303</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>DR. ARNEIL REYES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3730 SWALLOWTAIL TRACE</b><br>City <b>TALLAHASSEE</b> FL Zip Code <b>32309</b> |  |
| 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.<br>SIGNATURE <u>ARNEIL REYES, President</u> DATE <u>2/10/08</u><br><small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| Make check payable to<br>Florida Department of State   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HANSEN, AURORA M<br>921 MAPLEWOOD AVENUE<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>REYES, ARNEIL<br>3730 SWALLOWTAIL TRACE<br>TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FRANCISCO, FERNANDO<br>3440 GARDENVIEW WY<br>TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DIAO, CLYDE<br>1307 WALDEN ROAD<br>TALLAHASSEE, FL 32317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ESUIETA, AMADEG<br>2958 GIVERNY CIR.<br>TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ROMAN, LORNA<br>1378 SILVERMOON DRIVE<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>DIAO, CLYDE<br>1307 WALDEN ROAD<br>TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>REYES, ARNEIL<br>3730 SWALLOWTAIL TRACE<br>TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ANG, JOSEPHINE<br>3099 O'BRIEN DR<br>TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>ARNEIL REYES</u>   |  | Date <u>2/10/08</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Daytime Phone #  |  |