

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50030

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: BIG BEND FILIPINO-AMERICAN ASSOCIATION, INC.

## Current Principal Place of Business:

3730 SWALLOWTRAIL TRACE  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

## Current Mailing Address:

1307 WALDEN ROAD  
TALLAHASSEE, FL 32317 US

## New Mailing Address:

3730 SWALLOWTRAIL TRACE  
TALLAHASSEE, FL 32309 US

FEI Number: 59-3136866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REYES, ARNGIL DR.  
3730 SWALLOWTRAIL TRACE  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

REYES, ARNEIL DR.  
3730 SWALLOWTRAIL TRACE  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: DR. ARNEIL REYES

02/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HANSEN, AURORA M  
Address: 921 MAPLEWOOD AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D ( ) Delete  
Name: FRANCISCO, FERNANDO  
Address: 3440 GARDENVIEW WY  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: P ( ) Delete  
Name: REYES, ARNEIL  
Address: 3730 SWALLOWTRAIL TRACE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: DIAO, CYLDE  
Address: 1307 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TJ ( ) Delete  
Name: ROMAN, LORNA  
Address: 1378 SILVERMOON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: ANG, JOSEPHINE  
Address: 3099 O'BRIEN DR  
City-St-Zip: TALLAHASSEE, FL 32309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORNA ROMAN

TJ

02/21/2009

Electronic Signature of Signing Officer or Director

Date