FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:35

DOCUMENT # **N51326** **(9)**

1. Corporation Name
VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 5192 WINTER PARK FL 32793	PO BOX 5192 WINTER PARK FL 32793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3146767 ☑ Applied For ☐ Not Applicable
2. Principal Place of Business — 21: NA — Suite, Apt. #, etc. 22: — City & State 23: — Zip 24: — Country 25:
2a. Mailing Address — 26: NA — Suite, Apt. #, etc. 27: — City & State 28: — Zip 29: — Country 30:
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DACO, MILA N MD
60 W KALEY AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: NA
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: — FL — 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mila N. Daco, MD — 2-16-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Director	☐ Change ☑ Addition
NAME	DACO, MILA N MD	12 NAME	Remy Rutledge	
STREET ADDRESS	60 W KALEY AVENUE	13 STREET ADDRESS	310 W. Lansdown Avenue	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orange City, Fl. 32763	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HAHN, LOLITA B	22 NAME		
STREET ADDRESS	4520 BRIDGEWATER DR	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Director	☑ Change ☐ Addition
NAME	ARCAMO, JUNNE	32 NAME	Jun Pebablan	
STREET ADDRESS	3082 ZAHARIAS DR	33 STREET ADDRESS	19650 Mardi Gras	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Florida 32833	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TEUCHER, JULIE	42 NAME		
STREET ADDRESS	2309 BRIDGEWOOD TR	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Director	☑ Change ☐ Addition
NAME	AMADEO, HERMIE	52 NAME	Larry Pausal	
STREET ADDRESS	659 HERLADO CT	53 STREET ADDRESS	1675 Thornhill Circle	
CITY-ST-ZIP	KISSIMMEE FL	54 CITY-ST-ZIP	Orlando, Florida 32762	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MILA N DACO Mila N. Daco — 2-16-95 — (407)843-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035048