

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N51326

1. Corporation Name

VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC

Principal Place of Business

**1675 Thornhill Circle
Oviedo, Fl 32765**

Mailing Address

**1675 Thornhill Circle
Oviedo, Fl 32765**

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
05/01/94

2. Principal Place of Business

21 N/A

2a. Mailing Address

26 N/A

4. FEI Number

59-3146767

Applied For

☒ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Herminda J. Pausal
1675 Thornhill Circle
Oviedo, Fl 32765**

81 Name **N/A**

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

300001886473

83 **-07/08/96--01059--021**

84 City *****61.25**

FL

85 Zip Code

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Herminda J. Pausal

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 **President** ☐ DELETE
NAME **Herminda J. Pausal**
STREET ADDRESS **1675 Thornhill Circle**
CITY - ST - ZIP **Oviedo, Fl. 32765**

1.1 TITLE **Director** ☐ Change ☐ Addition
1.2 NAME **Remegio Villegas, M.D.**
1.3 STREET ADDRESS **8525 Buckley Ct**
1.4 CITY - ST - ZIP **Orlando, Fl 32817**

TITLE **Director** ☐ DELETE
NAME **Tina Cathy**
STREET ADDRESS **6360 Wien Lane**
CITY - ST - ZIP **Cocoa Beach, Fl 32927**

2.1 TITLE **Director** ☐ Change ☐ Addition
2.2 NAME **Jo Raz**
2.3 STREET ADDRESS **971 Harbour Dr.**
2.4 CITY - ST - ZIP **Longwood, Fl 32750**

TITLE **Director** ☐ DELETE
NAME **Lolita B. Hahn**
STREET ADDRESS **8512 Sidon St.**
CITY - ST - ZIP **Orlando, Fl 32817**

3.1 TITLE **Director** ☐ Change ☐ Addition
3.2 NAME **Ruben Alota**
3.3 STREET ADDRESS **4817 Springwater Circle**
3.4 CITY - ST - ZIP **Melbourne, Fl 32940**

TITLE **Director** ☐ DELETE
NAME **Chris Cohen**
STREET ADDRESS **2879 Elkcam Blvd.**
CITY - ST - ZIP **Deltona, Fl 32773**

4.1 TITLE **Director** ☐ Change ☐ Addition
4.2 NAME **Joe Arboleda**
4.3 STREET ADDRESS **20141 Majestic St.**
4.4 CITY - ST - ZIP **Orlando, Fl 32833**

TITLE **Director** ☐ DELETE
NAME **Eliseo Kirong**
STREET ADDRESS **1109 N. Brack St.**
CITY - ST - ZIP **Kissimmee, Fl 34744**

5.1 TITLE **Director** ☐ Change ☐ Addition
5.2 NAME **Mila N. Daco, MD**
5.3 STREET ADDRESS **60 W. Keley Ave.**
5.4 CITY - ST - ZIP **Orlando, Fl. 32806**

TITLE **Director** ☐ DELETE
NAME **Carmen Vano**
STREET ADDRESS **421 Vista Oak Dr.**
CITY - ST - ZIP **Orlando, Fl 32779**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Herminda J. Pausal
Herminda J. Pausal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 24, 1996 (407)365-9054

Daytime Phone #

CR2E037 (12/95)