

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51326 (9)

1. Corporation Name

VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1675 THORNHILL CIR
OVIEDO FL 327651675 THORNHILL CIR
OVIEDO FL 32765-65943. Date Incorporated or Qualified
10/19/19923a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3146767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUSAL, HERMINDA
1675 THORNHILL CIR
OVIEDO FL 32765

81 Name

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

83

84 City

FL

85 Zip Code

11. 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

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 ☒ DELETE
NAME DACO, MILA N MD
STREET ADDRESS 60 W KALEY AVENUE
CITY-ST-ZIP ORLANDO FL 3280611 TITLE D ☒ Change ☐ Addition
12 NAME DACO, MILA MD
13 STREET ADDRESS 1189 Coachwood Court
14 CITY-ST-ZIP Longwood, FL. 32779TITLE D ☐ DELETE
NAME HAHN, LOLITA B
STREET ADDRESS 8512 SIDON ST
CITY-ST-ZIP ORLANDO FL 3281721 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE P ☐ DELETE
NAME PAUSAL, HERMINDA
STREET ADDRESS 1675 THORNHILL CIR
CITY-ST-ZIP OVIEDO FL 3276531 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CATHY, TINA
STREET ADDRESS 6360 WIEN LANE
CITY-ST-ZIP COCOA BEACH FL 3292741 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RAZ, JO
STREET ADDRESS 971 HARBOUR DR
CITY-ST-ZIP LONGWOOD FL 3275051 TITLE T ☐ Change ☒ Addition
52 NAME BYRNE, EASTER
53 STREET ADDRESS 36631 E. Eldorado Drive
54 CITY-ST-ZIP Eustis, FL. 32726TITLE D ☒ DELETE
NAME ALOTA, RUBEN
STREET ADDRESS 4817 SPRINGWATER CIR
CITY-ST-ZIP MELBOURNE FL 3294061 TITLE V ☐ Change ☒ Addition
62 NAME MERCADO, GORIE
63 STREET ADDRESS 4230 WOODHAVEN DRIVE
64 CITY-ST-ZIP MELBOURNE, FL. 32935

14. I do 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 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 REQUIRED

Feb. 4, 1997 (407) 365-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014488

CR2E037 (9/96)