

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
1998
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

DOCUMENT # N51326 (9)
1. Corporation Name
VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 1675 THORNHILL CIR OVIEDO FL 32765		Mailing Address 1675 THORNHILL CIR OVIEDO FL 32765		3. Date Incorporated or Qualified 10/19/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 36631 E. Eldorado Lake Dr. 23 City & State Eustis, FL 24 Zip 32736 25 Country U.S.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 780575 28 City & State Orlando, FL 29 Zip 32878-0575 30 Country		4. FEI Number 59-3146767 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PAUSAL, HERMINDA 1675 THORNHILL CIR OVIEDO FL 32765		10. Name and Address of New Registered Agent 81 Name Easter Byrne 82 Street Address (P.O. Box Number is Not Acceptable) 36631 E. Eldorado Lake Drive 83 84 City Eustis FL 85 Zip Code 32736	
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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]* DATE: 4-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACO, MILA M 1189 COACHWOOD COURT LONGWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Easter Byrne 36631 E. Eldorado Lake Drive Eustis, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, LOITA B 8512 SIDON ST ORLANDO FL 32817	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Estela C. Stewart P.O. Box 780004 Orlando, FL 32878-0004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUSAL, HERMINDA 1675 THORNHILL CIR OVIEDO FL 32765	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	R Remigio Villegas 8525 Buckdey Ct. Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY, TINA 6360 WIEN LANE COCOA BEACH FL 32927	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZ, JO 971 HARBOUR DR LONGWOOD FL 32750	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOTA, RUBEN 4817 SPRINGWATER CIR MELBOURNE FL 32940	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* EASTER BYRNE 3/29/98 (352) 742-1524

CR2E037 (10/97)