

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90101 030 ****70.00

0076745

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51326

1. Corporation Name

VISAYAS - MINDANAO ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

36631 E. ELDORADO LAKE DR
EUSTIS FL 32736
US

Mailing Address

P. O. BOX 780575
ORLANDO FL 32878-0575
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/19/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3146767

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRNE, EASTER
36631 E. ELDORADO LAKE DR
EUSTIS FL 32736

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 ☐ DELETE
NAME **D**
STREET ADDRESS **DACO, MILA M**
CITY-ST-ZIP **1189 COACHWOOD COURT**
LONGWOOD FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Gorie Mercado, M.D.**
1.3 STREET ADDRESS **Vice President**
1.4 CITY-ST-ZIP **4230 Woodhaven Dr.**
Melbourne, FL 32935

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HAHN, LOLITA B**
CITY-ST-ZIP **8512 SIDON ST**
ORLANDO FL 32817

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PAUSAL, HERMINDA**
CITY-ST-ZIP **1675 THORNHILL CIR**
OVEDO FL 32765

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BYRNE, EASTER**
CITY-ST-ZIP **36631 E. ELDORADO LAKE DR**
EUSTIS FL 32736

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **STEWART, ESTELA C.**
CITY-ST-ZIP **P. O. BOX 780004**
ORLANDO FL 32878

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ALOTA, RUBEN**
CITY-ST-ZIP **4817 SPRINGWATER CIR**
MELBOURNE FL 32940

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIG EASTER E. BYRNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 (352) 360-6598

Date

Daytime Phone #

CR2E037 (11/98)