## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

10000000107

Corporation Name	ŦŦ	MAROOO	003497
FIRST FILIPINO B	APT	IST CHURCH.	INC.

Principal Place of Business 3846 HARTLEY RD JACKSONVILLE FL 32257 US

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

3846 HARTLEY RD JACKSONVILLE FL 32257

2a. Mailing Address

Suite, Apt. #, etc.

US

26

27



03-10-1999 90064 018 \*\*\*\*61.25

Applied For

¢Q 75 Additional

Not Applicable

3. Date Incorporated or Qualifed

08/08/1993

59-3024281

4. FEI Number

City & Star	t <del>e</del>	Lity & Sta	416			5. Certificate of Status Desire	ed 🗆	40.13 A		
23		28				35.4752.6		Fee Req	uired	
Zip	Country	Zip Co		Country		6. Election Campaign Financing	ing 🖂	\$5.00 N		
24	25	29	30			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Age	nt			10. Name and Address of N	ew Registere	d Agent		
				81	Name					
ERIBERTO GONZALEZ					Street Add	ress (P.O. Box Number is Not Ac	ceptable)			
				82	out of the second secon					
10335 TRIPLE CROWN JACKSONVILLE FL 32257						-				
JACKSON	WILLE I E OZZOI			84 City 85 Zip Coo						
				84	City		F	L 85 Zip Ci	ou <del>e</del>	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, F	lorida Statutes, th	e above	-named corp	poration submits this statement fo	the purpose	of changing its r	egistered	
office or	registered agent, or both, in the State of	fFlorida_Such ch	nange was author	ized by	the corporati	on's board of directors. I hereby	accept the app	pointment as reg	istered	
agent. I a	am familiar with, and accept the obligation	ons or, section 6	i / .uous, rioitaa a	JUNUUUS	•	•	2/14/9	9 -		
SIGNATURE	Signifure, typed or printed name/of registered agent	and title if applicable.	(NOTE: Regis	tered Agen	t signature require	ed when reinstating)	DATE	<del></del>		
12.	ØFFICERS AND			13.		ADDITIONS/CHANGES TO	OFFICERS.	AND DIRECTOR	RS IN 12	
TITLE	DT	Ľ	DELETE	1.1 TITLE				Change	Addition	
NAME	DYER, CHARLES R		1	1.2 NAME						
STREET ADDRESS	NO 1140-014 COMPUT DO LO		▋,	1.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	1		•			
TITLE	DT	Г		2.1 TITLE	,		·····	☐ Change	Addition	
NAME	VINCENTE, LEONARD	_		2.2 NAME		•				
STREET ADDRESS					T ADDRESS					
	JACKSONVILLE FL			2. 4 CITY-S						
CITY-ST-ZIP	DT DT	Г		3.1 TITLE	71- 2.Ir			Change	Addition	
	1 = -	_		3.2 NAME						
NAME	GONZALEZ, ERIBERTO				T ADDRESS		•			
STREET ADDRESS	10000 11111 00 01101111111111									
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-S 4.1 TITLE	31-ZIP			Change	Addition	
TITLE	DT	_							<del></del>	
NAME	MARTIN, DANILO			4. 2 NAME						
STREET ADDRESS	10000 111000 01100 01100				ADDRESS				•	
CITY-ST-ZIP	ATLANTIC BEACH FL			4.4 CITY-S	T- ZIP			☐ Change	Addition	
TITLE	DT	L		5.1 TITLE 5.2 NAME				C Augusta		
NAME	BAUTISTA, CONNIE									
STREET ADDRESS					TADORESS					
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-S	1-ZIP			Change	☐ Addition	
TITLE		L	J 022212	6.1 TITLE				☐ Citalige	☐ Voorgou	
NAME	1			6.2 NAME				•		
STREET ADDRESS	6		1	6.3 STREE	TADDRESS					
			1.	RACITY-S	T. 7LP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99 (904) 7834794

, CR2E037