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Feb 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005279 (5)

1. Corporation Name

VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC

Principal Place of Business

Mailing Address

602 CASTLEBERRY CT.
JACKSONVILLE FL 32259

602 CASTLEBERRY CT.
JACKSONVILLE FL 32259-4240

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O NES PAPEL

22 City & State

27 10335 Ripple Rush Dr
28 Jacksonville, FL

23 Zip Country

29 32257 30

4. FEI Number
59-3238664

Applied For
Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

PAPEL, NESTOR
10335 RIPPLE RUSH DR
JACKSONVILLE FL 32257

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 DP
NAME PAPEL, NESTOR
STREET ADDRESS 10335 RIPPLE RUSH DR
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GAMBILL, AURORA V
STREET ADDRESS 1417 GAILWOOD CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE D
NAME MAGPUSAO, DELY
STREET ADDRESS 8038 WILCLIFF RD.
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE D
NAME BUNI, TONY
STREET ADDRESS 1745 PAPAYA DR
CITY-ST-ZIP ORANGE PARK FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: NESTOR PAPEL 2/17/97 630-0810 (904)

CR2E037 (9/96)