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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000005279**

1. Corporation Name
VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC

Principal Place of Business	Mailing Address
2021 KINGSLEY AVE SUITE 102 ORANGE PARK FL 32013 US	C/O LOURDES L DIAZ 5430 NANETTE CT JACKSONVILLE FL 32244 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3238664 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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
LEANO, NAPOLEON 2021 KINGSLEY AVE SUITE 102 ORANGE PARK FL 32073	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEANO, NAPOLEON		1.2 NAME		
STREET ADDRESS	2021 KINGLSEY AVE SUITE 102		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GANDIONCO, ART		2.2 NAME		
STREET ADDRESS	1T576 POLARON CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, LOURDES		3.2 NAME		
STREET ADDRESS	5430 NANETTE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUNI, TONY		4.2 NAME		
STREET ADDRESS	1745 PAPAYA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, HEIDI		5.2 NAME		
STREET ADDRESS	2285 CONSTITUTION DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 4/30/99 904-284-4598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NAPOLEON LEANO