2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 12, 2001 8:00 am[§] Secretary of State DOCUMENT # N9300005279 VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC 05-12-2001 90004 016 ****61.25 Principal Flace of Business Mailing Address C/O LOURDES L DIAZ 2021 KINGSLEY AVE 5430 NANETTE CT SUITE 102 ORANGE PARK FL 32013 JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3238664 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEBS CULBERTSON Street Address (P.O. Box Number is Not Acceptable) 8475 BUTTERCUP ST LEANO, NAPOLEON 2021 KINGSLEY AVE SUITE 102 Zin Code **ORANGE PARK FL 32073** JACKSONVILLE 322210 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE Delete TITLE DP LEANO, NAPOLEON NAME NAME BEBS CULBERTSON 2021 KINGLSEY AVE SUITE 102 STREET ADDRESS STREET ADDRESS 8475 BUTTERCUP ST **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE. FL 32210 X Change ☐ Addition Delete TITLE TITLE D GANDIONCO, ART NAME NAME EDUARDO AJOC 1T576 POLARON CT STREET ADDRESS STREET ADDRESS 10896 BRIDGES RD JACKSONVILLE FL 32221 CITY-ST-ZIE CITY-ST-7IP JACKSONVILLE, FL 32218 Addition TITLE TITLE □ Detete DIAZ, LOURDES NAME :-NAME **5430 NANETTE CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 TITLE TITLE Change ☐ Addition Delete NESTOR PAPEL **BUNI, TONY** NAME NAME 1745 PAPAYA DR 10335 RIPPLE RUSH DR W STREET ADDRESS STREET ADDRESS JACKSONVILLE, CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP FL 32257 ☐ Delete Change ☐ Addition FLETCHER, HEIDI NAME NAME 2285 CONSTITUTION DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

Daytime Phone #