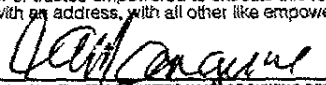


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005279			
1. Entity Name VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC.			
Principal Place of Business 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL 32244 US		Mailing Address C/O LOURDES L DIAZ 5430 NANETTE CT JACKSONVILLE, FL 32244 US	
DO NOT WRITE IN THIS SPACE			
		04162004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3238664	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGUNE, CONRAD 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL 32244		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		UD00000140816 04/29/04-80178-002 61.25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	MANGUNE, CONRAD		
STREET ADDRESS	7920 AMANDA CROSSING DRIVE W.		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	D		
NAME	AJOC, PACIFICO JR.		
STREET ADDRESS	11548 KENNEDY LANE		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
TITLE	D		
NAME	DIAZ, LOURDES		
STREET ADDRESS	5430 NANETTE CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	D		
NAME	PAPEL, NESTOR		
STREET ADDRESS	10335 RIPPLE RUSH DRIVE W		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		
TITLE	D		
NAME	FLETCHER, HEIDI		
STREET ADDRESS	2285 CONSTITUTION DR		
CITY-ST-ZIP	ORANGE PARK, FL 32073		
TITLE			
NAME			
STREET ADDRESS			
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-27-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	