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	Mailing Address
7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL 32244 US	C/O LOURDES L DIAZ 5430 NANETTE CT JACKSONVILLE, FL 32244 US

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000140816
04/29/04-80178-002 61.25

10. OFFICERS AND DIRECTORS

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	

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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: Conrad Mangune 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #