2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90356 021 ****61.25

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

2. Principal Place of Business	3. Mailing Address
6280 TOYOTA DR.	6280 TOYOTA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.	City & State: JACKSONVILLE, FL.
Zip: 32244 Country: DUVAL	Zip: 32244 Country: DUVAL

04242005 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	7. Name and Address of New Registered Agent
MANGUNE, CONRAD 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL 32244	Name: MOJICA, LUZ L. Street Address (P.O. Box Number is Not Acceptable): 6280 TOYOTA DR. City: JACKSONVILLE, FL Zip Code: 32244

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: Luz L. Mojica 4/24/05
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, 2005

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

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MANGUNE, CONRAD 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL 32244	☐ Delete	P MOJICA, LUZ L. 6280 TOYOTA DR. JACKSONVILLE, FL. 32244	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AJOC, PACIFICO JR. 11548 KENNEDY LANE JACKSONVILLE, FL 32217	☐ Delete	V WILDE, JOHN 1035 COACHMAN PLACE MIDDLEBURG, FL. 32068	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, LOURDES 5430 NANETTE CT JACKSONVILLE, FL 32244	☐ Delete	T WADE, WINNIE 1940 FARM WAY MIDDLEBURG, FL. 32068	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPEL, NESTOR 10335 RIPPLE RUSH DRIVE W JACKSONVILLE, FL 32257	☐ Delete	S DAVE BRAGG 6269 ARTUDO LANE JACKSONVILLE, FL. 32244	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, HEIDI 2285 CONSTITUTION DR ORANGE PARK, FL 32073	☐ Delete	D MANGUNE, CONRAD 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE, FL. 32244	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V FLETCHER, HEIDI 1678 WINSTON LANE ORANGE PARK, FL. 32073	☐ Change ☐ Addition

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: Luz L. Mojica 4/24/05 (904)772-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #