

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 013 ****70.00

DOCUMENT # N93000005279	
1. Entity Name	
VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC.	

Principal Place of Business	Mailing Address
6280 TOYOTA DR JACKSONVILLE FL 32244 US	6280 TOYOTA DR JACKSONVILLE FL 32244 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-3238664	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	

6. Name and Address of Current Registered Agent
MOJICA, LUZ L 6280 TOYOTA DR JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANGUNE, CONRAD 7920 AMANDA CROSSING DRIVE W. JACKSONVILLE FL 32244 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJOC, PACIFICO JR. 11548 KENNEDY LANE JACKSONVILLE FL 32217 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, LOURDES 5430 NANETTE CT JACKSONVILLE FL 32244 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPEL, NESTOR 10335 RIPPLE RUSH DRIVE W JACKSONVILLE FL 32257 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, HEIDI 2285 CONSTITUTION DR ORANGE PARK FL 32073 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOJICA, LUZ L 6280 TOYOTA DR JACKSONVILLE FL 32244 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUZ L. MOJICA 6280 TOYOTA DR. JAX FL 32244 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN WILDE 1035 COACHMAN PLACE MIDDLEBURG FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. WINNIE WADE 1940 FARIN WAY MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DAVE BRAGG 6269 ARTURO LANE JAX FL 32244 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDI FLETCHER 1578 WINSTON LANE ORANGE PARK, FL 32073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Luiz L. Mojica* 2/28/06 (904) 772-1281