2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N93000005279

Entity Name: VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC.

Current Principal Place of Business:

6280 TOYOTA DR
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441664
JACKSONVILLE, FL 32222 US

New Mailing Address:

6280 TOYOTA DR
JACKSONVILLE, FL 32244 US

FEI Number: 59-3238664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOJICA, LUZ L
6280 TOYOTA DR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOJICA, LUZ L
Address: 6280 TOYOTA DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: WILDE, JOHN
Address: 1035 COACHMAN PL
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete
Name: CATALAN, GLORIA
Address: 4158 AUTREY AVE. W.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: PAPEL, DEL
Address: 10335 RIPPLE RUSH DR. W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: B ( ) Delete
Name: FLETCHER, HEIDI
Address: 1578 WINSTON LN
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AUD (X) Change ( ) Addition
Name: GANDIONCO, ART
Address: 1576 POLARON CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: B ( ) Change (X) Addition
Name: FLETCHER, HEIDI
Address: 1578 WINSTON LANE
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ L. MOJICA P 02/17/2009
Electronic Signature of Signing Officer or Director Date