

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005279

FILED  
Apr 19, 2011  
Secretary of State

**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:**

6280 TOYOTA DR  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

P.O. BOX 441664  
JACKSONVILLE, FL 32222 US

**FEI Number:** 59-3238664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: PAPEL, DEL  
Address: 10335 RIPPLE RUSH DR. W.  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SEC.  
Name: SHUGRUE, GRACE  
Address: 1035 COACHMAN PL  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TREA  
Name: GANDIONCO, YVONNE  
Address: 1576 POLARON ST.  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: B  
Name: MOJICA, LUZ  
Address: P.O. BOX 441664  
City-St-Zip: JACKSONVILLE, FL 32222 US

I hereby 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 all other like empowered.

**SIGNATURE:** LUZ L. MOJICA

B

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date