

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003602 (9)

1. Corporation Name

PHILIPPINE CULTURAL DANCE ENSEMBLE OF JACKSONVILLE INC.



Principal Place of Business

Mailing Address

**#20 BONITA DRIVE
PONTE VEDRA BEACH FL 32082**

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PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3261163

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

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6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARAYAG, EDUARDO C
#20 BONITA ROAD
PONTE VEDRA BEACH FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **MARAYAG, EDUARDO C**
CITY-ST-ZIP **20 BONITA RD.
PONTE VEDRA BEACH FL 32082**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GENOVE, JOE**
CITY-ST-ZIP **569 MAGNOLIA ST.
NEPTUNE BEACH FL 32266**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BANIAS, ESTELLE**
CITY-ST-ZIP **569 MAGNOLIA STREET
NEPTUNE BEACH FL 32266**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BANIAS, EDGARDO**
CITY-ST-ZIP **1308 OAKRIDGE
JACKSONVILLE FL 32225**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **BANIAS, EMILY**
CITY-ST-ZIP **1308 OAKRIDGE
JACKSONVILLE FL 32225**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **L**
STREET ADDRESS **BATO, EDWIN**
CITY-ST-ZIP **1520 COCKATIEL ST.
JACKSONVILLE FL 32225**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)