

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005028

1. Entity Name

**THE FILIPINO TRAVELERS OF FLORIDA, VALLEY OF
JACKSONVILLE, INC.**



Principal Place of Business

**557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233**

Mailing Address

**557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3281707

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMAN, ARMANDO
557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AMAN, ARMANDO
STREET ADDRESS	557 SEASPRAY AVE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	ANTONIO, RHYNO
STREET ADDRESS	5115 TIMAWATHA AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	BARRO, VIRGILIO
STREET ADDRESS	2295 RICHARD LEE ST
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	BILGERA, JOSE
STREET ADDRESS	8251 HAMDEN CIR E
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	DEL ROSARIO, ROMEO
STREET ADDRESS	1783 S LAKE DR
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	DIOKNO, BAYANI
STREET ADDRESS	7404 AMANDAS CROSSING DR
CITY-ST-ZIP	JACKSONVILLE, FL 32244

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03/12/08-80018-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Armando V. Aman **ARMANDO V. AMAN**

02/02/08 (904) 318-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #