

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005028

FILED
Feb 06, 2009
Secretary of State

Entity Name: THE FILIPINO TRAVELERS OF FLORIDA, VALLEY OF JACKSONVILLE, INC.

Current Principal Place of Business:

557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3281707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMAN, ARMANDO
557 SEASPRAY AVE
ATLANTIC BEACH, FL 32233 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: D () Delete
Name: AMAN, ARMANDO
Address: 557 SEASPRAY AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: ANTONIO, RHYNO
Address: 5115 TIMAWATHA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BARRO, VIRGILIO
Address: 2295 RICHARD LEE ST
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: BILGERA, JOSE
Address: 8251 HAMDEN CIR E
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: DEL ROSARIO, ROMEO
Address: 1783 S LAKE DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: DIOKNO, BAYANI
Address: 7404 AMANDAS CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32244

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

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

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: ARMANDO AMAN

SEC

02/06/2009

Electronic Signature of Signing Officer or Director

Date