

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000000855 (5)**

1. Corporation Name

**FILIPINO-AMERICAN CHAMBER OF COMMERCE OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

Mailing Address

**7100 PLANTATION ROAD STE. 16  
PENSACOLA FL 32504**

**7100 PLANTATION ROAD STE. 16  
PENSACOLA FL 32504**

3. Date Incorporated or Qualified  
**02/21/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3299670**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

Zip

Country

Zip

Country

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

**RAMOS, JOSE C  
7100 PLANTATION ROAD STE. 16  
PENSACOLA FL 32504**

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 617.0502, Florida Statutes.

SIGNATURE

**Jose C. Ramos, President**

**5-16-96**

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ABAD, FRANCISCO R**  
STREET ADDRESS **555 TIMBER RIDGE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **LOJO, WILFREDO M.**  
1.3 STREET ADDRESS **2202 NO. 61ST AVE.**  
1.4 CITY-ST-ZIP **PENSACOLA, FL 32506** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE  
NAME **AGAGAS, LEO A**  
STREET ADDRESS **1815 LAWSON LANE**  
CITY-ST-ZIP **MILTON FL 32570**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **NARCISO, NELLIE F.**  
2.3 STREET ADDRESS **643 CEDAR BLUFF DR.**  
2.4 CITY-ST-ZIP **PENSACOLA, FL 32506** ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **CASTELLANO, RUPERTO JR.**  
STREET ADDRESS **217 TYSON STREET**  
CITY-ST-ZIP **PENSACOLA FL 32506**

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

TITLE **D** ☒ DELETE  
NAME **EPLER, CORA L**  
STREET ADDRESS **27 NO. NAVY BLVD.**  
CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **D** ☐ DELETE  
NAME **HERRERA, DIVINA R**  
STREET ADDRESS **6601 GREENWELL STREET**  
CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **D** ☐ DELETE  
NAME **LEGASPI, ROLANDO C**  
STREET ADDRESS **3 NO. 77TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

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 119.07(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:

**Jose C. Ramos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-16-96** (904) 477 6157  
Date Daytime Phone #

CP2E037 (12/95)