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Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 NORTHWE
ST FLORIDA, INC.



Principal Place of Business

Mailing Address

7100 PLANTATION ROAD STE. 16
PENSACOLA FL 32504

7100 PLANTATION ROAD STE. 16
PENSACOLA FL 32504-6234

3. Date Incorporated or Qualified
02/21/1995

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3299670

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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 RAMOS, JOSE C.
1.3 STREET ADDRESS 7100 PLANTATION ROAD STE. 16
1.4 CITY-ST-ZIP PENSACOLA, FL 32504

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 ABAD, FRANCISCO R.
2.3 STREET ADDRESS 805 N. WITTLN
2.4 CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ DELETE
NAME LOJO, WILFREDO M
STREET ADDRESS 2202 NO 61ST AVE
CITY-ST-ZIP PENSACOLA FL

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

TITLE D ☐ DELETE
NAME NARCISO, NELLIE F.
STREET ADDRESS 643 CEDAR BLUFF DR
CITY-ST-ZIP PENSACOLA FL

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

TITLE D ☐ DELETE
NAME HERRERA, DVINA 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0072708

[Signature] J. Ramos 2-1-97 904 477-6154

CR2E037 (9/96)