

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$24.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90005 024 ****61.25

DOCUMENT # N95000000855

1. Corporation Name

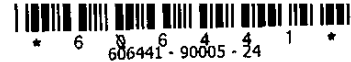
FILIPINO-AMERICAN CHAMBER OF COMMERCE OF NORTHWEST
FLORIDA, INC.

Principal Place of Business

3101 LEESBURG SQ
PENSACOLA FL 32504
US

Mailing Address

3101 LEESBURG SQ
PENSACOLA FL 32504
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

02/21/1995

4. FEI Number

59-3299670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RAMOS, JOSE C
3101 LEESBURG SQ
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMOS, JOSE C.	
STREET ADDRESS	3101 LEESBURG SQ	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABAD, FRANCISCO R.	
STREET ADDRESS	805 N. WITT LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOJO, WILFREDO M	
STREET ADDRESS	2202 NO 61ST AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARCISO, NELLIE F.	
STREET ADDRESS	643 CEDAR BLUFF DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRERA, DIVINA R	
STREET ADDRESS	6601 GREENWELL STREET	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGASPI, ROLANDO C	
STREET ADDRESS	3 NO. 77TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32526	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUSTO T.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D RUIZ, JUSTO T.	
2.3 STREET ADDRESS	6510 ANTIENTAM DR.	
2.4 CITY-ST-ZIP	PENSACOLA FL 32503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 1999 850 438-0310

Date

Daytime Phone #

CR2E037 (5/99)