## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

DIAZ, EMMANUEL 9 JUNIPER PASS COURT

OCALA FL 34480

ENRIQUE, ERIC

3001 SE LAKE WEIR RD #216

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002551 (7)
1. Corporation Name

|   | CIATION OF FILIPINO-AME<br>. U.S.A.  | ERICAN COMMUNITIE    | is, in       |           |                                 |  |                    |                  |                |
|---|--|----------------------|--------------|-----------|---------------------------------|--|--------------------|------------------|----------------|
| Principal Plac  | e of Business  | Mailing Address      |              |           |                                 | I INTERIOR OLD FOLLD OFFICE DAY  | A BRAN BRIN BRIN   | COLLE HORY CHAIL | HIND HEDI OKOL |
| 3286 SE 54TH AVE 3296 SE 54TI<br>OCALA FL 34471 OCALA FL 34 |  |                      |              |           |                                 | 3. Date Incorporated or Qualified  05/06/1996  4. FEI Number Applied For                                   |                    |                  |                |
|   |  |                      |              |           |                                 | 52-1997971   |                    |                  | t Applicable   |
| 2. Principal Place of Business                              |  | 2a. Mailing Address  |              |           | 5. Certificate of Status Desire | ed 🔲   | \$8.75             |                  |                |
| 21  |  | 26                   |              |           |                                 |  | Fee Re             |                  |                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |              |           | 6. Election Campaign Finance    |  | \$5.00             |                  |                |
| City & Stat   |  | City & State         |              |           |                                 | Trust Fund Contribution  |                    | Added to         |                |
| 23  | io   | 28                   |              |           |                                 | 7. Is this nonprofit corporation   |                    | ers association  | nγ             |
| Zip   | Country  | Zip                  | Co           | ountry    |                                 | 8. This corporation owes or i  |                    |                  | angible        |
| 24  | 25   | 29                   | 30           | -         |                                 | Personal Property Tax due  |                    |                  | ] No           |
|   | 9. Name and Address of Curr  | ent Registered Agent |              |           |                                 | 10. Name and Address of N  | ew Registere       | d Agent          |                |
|   |  |                      |              | 81        | Name                            |  |                    |                  |                |
| EMDEN   | TE, BALTAZAR G   |                      |              | 82        | Street Ac                       | idress (P.O. Box Number is Not Ac  | ceptable)          |                  |                |
| 3286 SE 54TH AVE  |  |                      |              |           | 0,,00,,10                       | ANDER (1 TO SON HAMED IN 1401)   | , opiasio,         |                  |                |
| OCALA   | FL 34471   |                      |              | 83        |                                 |  |                    |                  |                |
|   |  |                      |              | 84        | City                            |  |                    | 85 Zip (         | Code           |
|   |  |                      |              | اتا       | Ony                             |  | FI                 |                  | 5000           |
| office or r<br>agent. I a<br>SIGNATURE                      | registered agent, or both, in the Sta<br>im familiar with, and accept the obli-<br>signature, typed or privided name of registered |                      |              |           |                                 | orporation submits this statement for<br>ration's board of directors. I hereby<br>quired when reinstating) | accept the ap      | pointment as     | registered     |
| 12.   | OFFICERS A   | AND DIRECTORS        | 13.          |           |                                 | ADDITIONS/CHANGES TO   | OFFICERS AN        | 1D DIRECTOR      | S IN 12        |
| TITLE   | D  | ☐ DELETE             |              | TITLE     |                                 | 9 150  |                    | Change           | Addition       |
| NAME  | PEREY, NIDA  |                      |              | HAPE      |                                 | EREY, HIRA   | VERR               | ×c=              |                |
| STREET ADDRESS  | 3655 SE 56 TERR  |                      | 1.3          | STREET    |                                 | 3636 JE 1  |                    | 1                |                |
| CITY-ST-ZIP   | OCALA FL   |                      |              | CITY - ST | -ZIP C                          | CALA, FL. 34   | 471                | 7                |                |
| TITLE   | D  | DELETE               |              | TITLE     | 1                               |  |                    | Change           | Addition       |
| NAME  | BELL, JAMES  |                      |              | NAME      |                                 | ARTZELL, LINDA   |                    | _                |                |
| STREET ADDRESS  | 2330 SW 37TH ST  |                      | 2.3 5        | STREET    |                                 | 10409 N.E. 29T   |                    |                  |                |
| CITY-ST-ZIP   | OCALA FL 34474   |                      |              | CITY-S    | T- ZIP                          | ANTHONY, FL  | 3261               |                  |                |
| TITLE   | D  | ☐ DELETE             |              | TITLE     | 1                               |  |                    | ☐ Change         | Addition       |
| NAME  | BELO, JULIAN R JR  |                      |              | NAME      | F                               | SEPIEDAD, AGUINA   | LDOY               | R                |                |
| STREET ADDRESS  | 5460 SE 29TH PLACE #D  |                      | 1            |           |                                 | 3640 SE 24TH   |                    |                  |                |
| CITY-ST-ZIP   | OCALA FL 34471   | DELETE               |              | CITY-S    |                                 | OCALA FL   | 3447               | Change           | Addition       |
| TITLE   | D CATRAL CHOICATE T  | NA DETERM            |              | TITLE     | 5                               |  |                    | L_J Unange       | Addition       |
| NAME  | CATRAL, CUCUFATE T<br>3580 SE 26TH AVE   |                      | - 1          | NAME      |                                 | 10 PEZ, LEO<br>2922 SE 24TH  | A./=               |                  |                |
| STREET ADDRESS  | OCALA FL 34471   |                      |              |           | 1.                              | •  | 3 <del>14</del> 71 |                  |                |
| CITY-ST-ZIP<br>TITLE  | D 00ALA PL 34471   | DELETE               |              | CITY-ST   |                                 | CALA, FL.  | 274 II             | Change           | Addition       |
| ITTLE   |  |                      | <b>2</b> 3.1 | III LE    | 1 3                             | ,  |                    |                  | CONTINUE       |

14. Thereby 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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

SIGNATURE: BY VOD 10 THE THE WHATE & EVIDENTE 4/27/98 (352)624-4090

DELETE

CR2E037 (10/97)

**FILED** 

May 08 1998 8:00am

Secretary of State