


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90074 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002551					
1. Corporation Name ASSOCIATION OF FILIPINO-AMERICAN COMMUNITIES, IN C., FL. U.S.A.					
Principal Place of Business 3286 SE 54TH AVE OCALA FL 34471			Mailing Address 3286 SE 54TH AVE OCALA FL 34471		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1997971	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EVIDENTE, BALTAZAR G 3286 SE 54TH AVE OCALA FL 34471				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREY, NIDA			1.2 NAME			
STREET ADDRESS	3655 SE 56 TERR			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, JAMES			2.2 NAME			
STREET ADDRESS	2330 SW 37TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELO, JULIAN R JR			3.2 NAME			
STREET ADDRESS	5460 SE 29TH PLACE #D			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTZELL, LINDA			4.2 NAME			
STREET ADDRESS	10409 NE 29TH AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, EMMANUEL			5.2 NAME			
STREET ADDRESS	9 JUNIPER PASS COURT			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34480			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENRIQUE, ERIC			6.2 NAME			
STREET ADDRESS	3001 SE LAKE WEIR RD #216			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471			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)(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, with all other like empowered.

SIGNATURE:

Nida Perey
NIDA PEREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/99
Date

(352) 6242181
Daytime Phone #

CR2E037 (11/98)