2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002551

FILED Apr 28, 2004 Secretary of State

Entity Name: ASSOCIATION OF FILIPINO-AMERICAN COMMUNITIES, INC., FL. U.S.A.

Current Principal Place of Business: New Principal Place of Business: 2323 SE 33RD PL OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 2323 SE 33RD PL OCALA, FL 34471 FEI Number: 52-1997971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REPIEDAD, AGUINALDO V JR REPIEDAD, AGUINALDO L III 2323 SE 33RD PL 2323 SE 33RD PL OCALA, FL 34471 OCALA, FL 34471 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: AGUINALDO L. REPIEDAD III 04/28/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BODE, MIDES Name: Name: 1035 NE 32ND TERR Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOPEZ, LEO Name: Address: 2922 SE 24TH AVENUE Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition RAMOS, POMPEY B Name: Name: 2324 SE 33RD PLACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BELO, JULIAN R Name: 29 ALMOND TRAIL Address: Address: City-St-Zip: OCALA, FL 34483 City-St-Zip: Title: () Delete Title: () Change () Addition REPIEDAD, AGLUNALDO L Name: Name: 2323 SE 33RD PLACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition DIAZ. EMMANUEL Name: Name: Address: 1624 29TH TERR Address: OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGUINALDO L REPIEDAD P 04/28/2004