

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002551

FILED
Jan 25, 2005
Secretary of State

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

Current Principal Place of Business:

2323 SE 33RD PL
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2323 SE 33RD PL
OCALA, FL 34471

New Mailing Address:

FEI Number: 52-1997971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPIEDAD, AGUINALDO L III
2323 SE 33RD PL
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BODE, MIDES
Address: 1035 NE 32ND TERR
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: LOPEZ, LEO
Address: 2922 SE 24TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: RAMOS, POMPEY B
Address: 2324 SE 33RD PLACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BELO, JULIAN R
Address: 29 ALMOND TRAIL
City-St-Zip: OCALA, FL 34483

Title: D () Delete
Name: REPIEDAD, AGLUNALDO L
Address: 2323 SE 33RD PLACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DIAZ, EMMANUEL
Address: 1624 29TH TERR
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REPIEDAD, AGLUNALDO L III
Address: 2323 SE 33RD PLACE
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
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 III

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

Date