## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

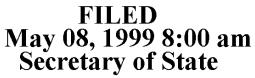
## DOCUMENT # N9600005521

## FILIPINO-AMERICAN ASSOCIATION OF SOUTHWEST FLORI DA, INC.

Principal Place of Business
1416 SE 31 ST
CAPE CORAL FL 33904
115

Mailing Address

1416 SE 31 ST CORAL FL 33904



05-08-1999 90050 025 \*\*\*\*61.25



· ·	2. Principal Place of Business 2a. Mailing Address				10/29/1996			
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For	
22	<i>#</i> <sub>1</sub> 0.0.	27		, -	65-0598502	<u> </u>	Applicable	
City & Stat	te	City & State			5. Certificate of Status Desired	\$8.75 A	dditional	
23	28				5. Certifcate of Status Desired	Fee Red	periup	
Zip					6. Election Campaign Financing \$5.00 May Be			
24	25	29 30			Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered Ag	ent		
				Name 🗲				
ISBERTO, JEANNE A				82 Street Address (P.O. Box Number is Not Acceptable)				
1416 SE 31ST ST					· · · · · · · · · · · · · · · · · · ·			
CAPE CORAL FL 33904								
,			84	City	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, the	e above	-named corp	oration submits this statement for the purpose of ch	anging its	registered	
office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was aนโกจก	zęd by	the corporation	on's board of directors. I hereby accept the appointn	ici it as reg	hatered	
SIGNATURE	Genne a well	15 - Areliden	J					
SIGNATURE	Signature, typed or printed name of registered agen	V- V		it signature require	d when reinstating) DATE			
12.	OFFICERS AN	0 011(00) 0.10	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELETE 1.	.1 TITLE		L	Change	☐ Addition	
NAME	NICASIO, DAVID	1.	2 NAME				'	
STREET ADORESS	5089 NORTHAMPTON DR	1.	3 STREET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33919		4 CITY-S	T-ZIP		<del></del>	TT A LEG	
TITLE	VD	☐ DELETE 2	.1 TITLE		L	_ Change	☐ Addition	
NAME	BUGARIN, DIONISIO M	2	2 NAME		•			
STREET ADDRESS	, ,	2	.3 STREET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL		. 4 CITY-S	T-ZIP		7.01		
TITLE	[ <b>T</b> :	☐ DELETE 3.	.1 TITLE		L	] Change	Addition Addition	
NAME	PATEL, ZENY	3.	.2 NAME					
STREET ADDRESS	3714 SE 3RD AVE	3	.3 STREE	T ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		.4. CITY- 5	T-ZIP	<del> </del>	70		
TITLE	V	☐ DELETE 4	.1 TITLE		l	Change	Addition	
NAME	HAMILTON, MICHAEL	4	. 2 NAME					
STREET ADDRESS		4	.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		4 CITY-S	T-ZIP		7.06		
TITLE	) V	<del>-</del>	.1 TITLE		L	Change	☐ Addition	
NAME	SILANG, JESUS N		2 NAME					
STREET ADDRESS				FAODRESS				
CITY-ST-ZIP	NAPLES FL 34105		.4 CITY-S	T-ZIP		70-		
TITLE	D		.1 TITLE		L	_ Change	☐ Addition	
NAME	TORIO, ISABELO S M.D.	Į.	.2 NAME					
STREET ADDRESS	209 SE 40TH ST	6	.3 STREE	TADORESS				

CITY-ST-ZIP 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.