

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000005163

1. Entity Name  
PHILIPPINE-AMERICAN CORPORATION OF FLORIDA



Principal Place of Business  
P.O. BOX 640654  
BEVERLY HILLS, FL 34464

Mailing Address  
P.O. BOX 640654  
BEVERLY HILLS, FL 34464



02122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3466349

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ZEHM, NENA L  
27 ROOSEVELT BLVD.  
P.O BOX 640654  
BEVERLY HILLS, FL 34465

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nena Zehm* NENA ZEHM

2-18-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	CALANTINO, NICK
STREET ADDRESS	1858 ELDER BERRY LANE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VDT
NAME	MARLETT, MARIA
STREET ADDRESS	P.O BOX 1175
CITY-ST-ZIP	HOMOSASSA, FL 34447
TITLE	VDS
NAME	CALANTINO, CARMEN
STREET ADDRESS	1858 ELDER BERRY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VD
NAME	YAREMA, JOHN
STREET ADDRESS	5979 SW 42ND STREET
CITY-ST-ZIP	BUSHNELL, FL 33516
TITLE	VD
NAME	BELL, REYNA
STREET ADDRESS	1241 E. ALEGRE DR.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VDP
NAME	DULCE, BEVERLY
STREET ADDRESS	640 N MAN-O-WAR
CITY-ST-ZIP	INVERNESS, FL 34453

U00000238320  
02/21/05-80095-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nena Zehm* NENA ZEHM

2-18-05 (352) 527-0770

Date

Daytime Phone #