

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 010 ****70.00

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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

60020967



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3466349

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME CALANTINO, NICK
STREET ADDRESS 1858 ELDER BERRY LANE
CITY-ST-ZIP INVERNESS, FL 34453 ☐ Delete

TITLE VD
NAME DR. Frank DeJmar
STREET ADDRESS 191 W. Chase St.
CITY-ST-ZIP Hernando, Fl. 34442 ☐ Change ☒ Addition

TITLE VD
NAME ABERLE, MARK
STREET ADDRESS 96 PINE ST
CITY-ST-ZIP HOMOSASSA, FL 34446 ☐ Delete

TITLE VD
NAME Adelina Irvin
STREET ADDRESS 5049 W. Glenbrooke St.
CITY-ST-ZIP Homosassa Fl. 34446 ☐ Change ☒ Addition

TITLE VDS
NAME CALANTINO, CARMEN
STREET ADDRESS 1858 ELDER BERRY
CITY-ST-ZIP INVERNESS, FL 34453 ☒ Delete

TITLE VD
NAME Susie Yarsma
STREET ADDRESS 5979 SW 42nd St.
CITY-ST-ZIP Bushnell, Fl. 33516 ☐ Change ☒ Addition

TITLE VD
NAME YAREMA, JOHN
STREET ADDRESS 5979 SW 42ND STREET
CITY-ST-ZIP BUSHNELL, FL 33516 ☐ Delete

TITLE VD
NAME Rosalie Kilgus
STREET ADDRESS 704 Hemlock St.
CITY-ST-ZIP Inverness, Fl. 34452-5939 ☐ Change ☒ Addition

TITLE VD
NAME BELL, REYNA
STREET ADDRESS 1241 E. ALEGRE DR.
CITY-ST-ZIP INVERNESS, FL 34453 ☒ Delete

TITLE VD
NAME Glenn Kilgus
STREET ADDRESS 704 Hemlock St
CITY-ST-ZIP Inverness, Fl. 34452-5939 ☐ Change ☒ Addition

TITLE VDP
NAME DULCE, BEVERLY
STREET ADDRESS 640 N MAN-O-WAR
CITY-ST-ZIP INVERNESS, FL 34453 ☐ Delete

TITLE VD
NAME Pura Trompeta
STREET ADDRESS 823 N. Cherry Pop Dr.
CITY-ST-ZIP Inverness, Fl. 34453 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #