

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11.6.07



2. Principal Place of Business - No P.O. Box #
823 N. Cherry Pop Dr.
Suite, Apt. #, etc.

3. Mailing Address
823 N. Cherry Pop Dr.
Suite, Apt. #, etc.

City & State
Inverness, FL

City & State
Inverness, FL

Zip
34453

Country

Zip
34453

Country

09172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3466349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CALANTINO, NICK	
STREET ADDRESS	1858 ELDER BERRY LANE	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABERLE, MARK	
STREET ADDRESS	96 PINE ST	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YARMSA, SUSIE	
STREET ADDRESS	5979 SW 42ND STREET	
CITY-ST-ZIP	BUSHNELL, FL 33516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YAREMA, JOHN	
STREET ADDRESS	5979 SW 42ND STREET	
CITY-ST-ZIP	BUSHNELL, FL 33516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILGOS, GLENN	
STREET ADDRESS	704 HEMLOCK STREET	
CITY-ST-ZIP	INVERNESS, FL 344525939	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	DULCE, BEVERLY	
STREET ADDRESS	640 N MAN-O-WAR	
CITY-ST-ZIP	INVERNESS, FL 34453	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURITA Trompeta	
STREET ADDRESS	823 Cherry Pop Dr.	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMEN COLANTINO	
STREET ADDRESS	1858 Elderberry Lane	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Withatandley	
STREET ADDRESS	3015 W. Sharpe Dr	
CITY-ST-ZIP	Citrus Spring, FL 34433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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11/07/07--01040--008 **61.25

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 L. Zehm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/07

Date

Daytime Phone #