

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005163

FILED
Apr 15, 2009
Secretary of State

Entity Name: PHILIPPINE-AMERICAN CORPORATION OF FLORIDA

Current Principal Place of Business:

823 N. CHERRY POP DR.
INVERNESS, FL 34453

New Principal Place of Business:

823 N. CHERRY POP DR.
INVERNESS, FL 34453 US

Current Mailing Address:

823 N. CHERRY POP DR.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 59-3466349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROMPETA, PURITA M
823 N. CHERRY POP DR.
INVERNESS, FL 34453 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: CALANTINO, NICK
Address: 1858 ELDER BERRY LANE
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: ABERLE, MARK
Address: 96 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: YAREMA, SUSIE
Address: 5979 SW 42ND STREET
City-St-Zip: BUSHNELL, FL 33516

Title: D () Delete
Name: YAREMA, JOHN
Address: 5979 SW 42ND STREET
City-St-Zip: BUSHNELL, FL 33516

Title: P () Delete
Name: TROMPETA, PURITA M
Address: 823 N. CHERRY POP DR.
City-St-Zip: INVERNESS, FL 34453

Title: VP () Delete
Name: LARUMBE, DICK MD
Address: 339 W. REDSOX PATH
City-St-Zip: HERNANDO, FL 34442

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PURITA M, TROMPETA

D/P

04/15/2009

Electronic Signature of Signing Officer or Director

Date