

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006275 (8)

1. Corporation Name

PHILIPPINE AMERICAN FEDERATION OF SOUTH FLORIDA,
INC.

Principal Place of Business

Mailing Address

7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BRUCE, JOCELYN H
7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

EIN # 45-0798909

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/2/98
DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE
NAME TED RAVELO
STREET ADDRESS 1160 NE 134 ST
CITY-ST-ZIP MIAMI FL 33168

TITLE DIRECTOR ☐ DELETE
NAME NIDA WINNETT
STREET ADDRESS 11761 SW 52 CT
CITY-ST-ZIP COOPER CITY FL 33330

TITLE DIRECTOR ☐ DELETE
NAME NIDA RECAO
STREET ADDRESS 8287 SW 128 ST #212
CITY-ST-ZIP MIAMI FL 33156

TITLE DIRECTOR ☐ DELETE
NAME GLENDA HOBART
STREET ADDRESS 4501 E. COUNTRY CIRCLE
CITY-ST-ZIP PLANTATION FL 33317

TITLE DIRECTOR ☐ DELETE
NAME RIC GARCIA
STREET ADDRESS 26 WE CARE ALLEY
CITY-ST-ZIP 290 NW 165 ST, MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JOCELYN H. BRUCE
1.3 STREET ADDRESS 7601 EAST TREASURE DRIVE # 2001
1.4 CITY-ST-ZIP NORTH BAY VILL FL 33141

2.1 TITLE TREASURER ☐ Change ☒ Addition
2.2 NAME NENA FORTE
2.3 STREET ADDRESS 12995 SW 188 ST
2.4 CITY-ST-ZIP MIAMI, FL 33177

3.1 TITLE CORRESPONDING SECRETARY ☐ Change ☒ Addition
3.2 NAME ALICE GORDIN
3.3 STREET ADDRESS 1200 SE 2nd AVE
3.4 CITY-ST-ZIP DEERFIELD BCH, FL. 33441

4.1 TITLE RECORDING SECRETARY ☐ Change ☒ Addition
4.2 NAME BLES CHAVEZ
4.3 STREET ADDRESS 970 NE 138 ST.
4.4 CITY-ST-ZIP NORTH MIAMI, FL. 33141

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 500002666345
6.3 STREET ADDRESS -10/19/98-01016-001
6.4 CITY-ST-ZIP ***61.25

14. 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.

SIGNATURE: PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/2/98 Daytime Phone #

FILED
Oct 16 1998 8:00am
Secretary of State



CR2E037 (5/98)