

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90114 043 \*\*\*61.25

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### 1. Corporation Name

FILIPINO COMMUNITY POLITICAL ASSOCIATION, INCORPORATED

Principal Place of Business  
6510 ANTIETAM DRIVE  
PENSACOLA FL 32503-7504

**Mailing Address**  
6510 ANTIETAM DRIVE  
PENSACOLA FL 32503-7504



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1997	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3494175	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

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

RUIZ, JUSTO T  
6510 ANTIETAM DRIVE  
PENSACOLA FL 32503-7504

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, BENITO C	1.2 NAME	
STREET ADDRESS	940 RUSTIC LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JESS T	2.2 NAME	
STREET ADDRESS	6510 ANTIETAM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503-7504	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAIG, ARTURO	3.2 NAME	
STREET ADDRESS	313 TEAKWOOD CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPINA, TED D	4.2 NAME	
STREET ADDRESS	3103 GREENWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHED	5.2 NAME	
STREET ADDRESS	2107 CORAL CREEK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALHAMBRA, DINO	6.2 NAME	
STREET ADDRESS	1410 HAROLD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	6.4 CITY-ST-ZIP	

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, on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED** *Measures*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E037 (11/98)