

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715620

Entity Name: FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**3009 N.W. 120TH WAY
SUNRISE, FL 33323**Current Mailing Address:**3009 N.W. 120TH WAY
SUNRISE, FL 33323 US**FEI Number:** 23-7283890**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LITO T. GOMEZ
3009 NW 120 WAY
SUNRISE, FL 33323 US*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**Officer/Director Detail :**

Title	P
Name	CIOCON, JERRY MD
Address	812 CRESTVIEW CIRCLE
City-State-Zip:	WESTON FL 33327

Title	D
Name	DURIA, ROLANDO F
Address	127 NW 152ND LANE
City-State-Zip:	PEMBROKE PINES FL

Title	T
Name	GOMEZ, LITO T
Address	3009 NW 120 WAY
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	CADIZ, EDUARDO T
Address	19427 N. COQUINA WAY
City-State-Zip:	WESTON FL 33332

Title	D
Name	BENITEZ, DIANA
Address	2753 SW 133 AVE
City-State-Zip:	MIRAMAR FL 33027

Title	S
Name	CADIZ, MARIA
Address	19427 N COQUINA WAY
City-State-Zip:	WESTON FL 33332

I hereby 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 all other like empowered.

SIGNATURE: LITO GOMEZ**TREASURER****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date