

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004176

Entity Name: VISAYAN & FRIENDS ASSOCIATION INC.**Current Principal Place of Business:**68 11TH ST
SHALIMAR, FL 32579**Current Mailing Address:**68 11TH ST
SHALIMAR, FL 32579**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, SENAIDA L
68 11TH ST
SHALIMAR, FL 32579 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 :**

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|-----------------|--------------------|
| Title | PRESIDENT |
| Name | SENAIDA , MORGAN L |
| Address | 68 11TH ST |
| City-State-Zip: | SHALIMAR FL 32579 |

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|-----------------|--------------------|
| Title | VP |
| Name | BERNARDO, LLEVARDO |
| Address | 63 OAK LANE |
| City-State-Zip: | SALIMAR FL 32579 |

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|-----------------|----------------------|
| Title | TREASURER |
| Name | JOY, ALEDIA |
| Address | 735 E HOLLYWOOD BLVD |
| City-State-Zip: | MARY ESTHER FL 32548 |

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|-----------------|-----------------------------|
| Title | ASST. TREASURER |
| Name | CUCUZZELLA, JULIE |
| Address | 1074 BLVD DE LA PARISSEINNE |
| City-State-Zip: | MARY ESTHER FL 32569 |

| | |
|-----------------|--------------------|
| Title | ASST. SECRETARY |
| Name | MILLER, CONNIE |
| Address | 117 CAMPBELL AVE. |
| City-State-Zip: | CRESTVIEW FL 32536 |

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|-----------------|-----------------------------|
| Title | OTHER, SPEAKER OF THE HOUSE |
| Name | ROGADO, RAMON |
| Address | 7637 WOODMONT ST |
| City-State-Zip: | NAVARRE FL 32566 |

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: JULIE CUCUZZELLA**ASSISTANCE TREASURE 01/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date