

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49150

**Entity Name:** BATAAN-CORREGIDOR MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**5150 APOLLO AVENUE  
ST CLOUD, FL 34773**Current Mailing Address:**5150 APOLLO AVENUE  
ST CLOUD, FL 34773 US**FEI Number:** 59-3128025**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUNZALAN, RIZALINO  
5150 APOLLO AVENUE  
ST CLOUD, FL 34773 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:** RIZALINO PUNZALAN

01/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN	Title	EXECUTIVE SECRETARY
Name	PUNZALAN, RIZALINO	Name	PUNZALAN, RIZALINO
Address	5150 APOLLO AVENUE	Address	5150 APOLLO AVENUE
City-State-Zip:	ST CLOUD FL 34773	City-State-Zip:	ST CLOUD FL 34773
Title	TREASURER	Title	VC
Name	PUNZALAN, ROSEMARIE L	Name	AMADIO, HERMIE
Address	5150 APOLLO AVENUE	Address	2946 CONNER LANE
City-State-Zip:	ST CLOUD FL 32765	City-State-Zip:	KISSIMMEE FL 34741
Title	F/D	Title	DIRECTOR
Name	HERRING, RICHARD	Name	PASQUAL, ENRIQUE
Address	5150 APPOLLO AVENUE	Address	5150 APOLLO AVENUE
City-State-Zip:	ST CLOUD FL 34773	City-State-Zip:	ST CLOUD FL 34773
Title	DIRECTOR	Title	DIRECTOR
Name	GONZALES, PETER	Name	PUNZALAN, CYNTHIA
Address	3507 FOREST RIDGE ANE	Address	5150 APOLLO AVENUE
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	ST CLOUD FL 34773

**Continues on page 2**

*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:** RIZALINO PUNZALAN**REGISTERED AGENT**

01/25/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MAHONEY, PHILIP  
Address            5150 APOLLO AVENUE  
City-State-Zip:   ST CLOUD FL 34773

Title                 PR/D  
Name                PINO, MARK  
Address            5150 APOLLO AVENUE  
City-State-Zip:   ST CLOUD FL 34773