

H SJ

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF JULY 1, 2006  
CORPORATE NAME AND MAILING ADDRESS:

WAIMANALO CONSTRUCTION COALITION\*  
41 640 POALIMA ST  
WAIMANALO HI 96795

If the above mailing address has changed, line out and print change to the right.  
If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code:

1. The following is a brief description of the nature of activities which the corporation is actually conducting.

NATURE OF ACTIVITIES: ASSIST RESIDENTS OF <sup>island-wide</sup> WAIMANALO WITH EMPLOYMENT OPPORTUNITIES ~~MAINLY~~ IN THE CONSTRUCTION TRADE (\*SEE AMENDMENT DATED 8/6/2001).

*Refer To Commercial Drivers License (CDL) training program*

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical.

ANDREW M. JAMILA JR.  
41-640 POALIMA ST  
WAIMANALO HI 96795

CARR - CARROLLCOX.COM

RECEIVED BUSINESS REGISTRATION DIVISION  
AUG 17 A 9 22  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP)
P/D	JAMILA, ANDREW M JR	41-640 POALIMA ST WAIMANALO HI 96795
V/D	APO, BERNARD	41-865 WAIKAPUNAHA ST WAIMANALO HI 96795
T/D	<del>WILSON, NORMAN S K JR</del> Patricia A. Teruya	<del>41-266 HULL ST WAIMANALO HI 96706</del> P.O. Box 2308, Waianae, HI 96792
	Angela Lundgren	89-1771 Mchiki ST., Waianae, HI 96792

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report)

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 8/10/06 Andrew M. Janka Jr. Andrew M. Jamila Jr.  
Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee Print Name

C/SJ

(if the corporation is in the hands of a receiver or trustee)

FILE NO. 0116630D2  
Rev. 7/2004

B18  
2006 B22



File this Original  
(SEE REVERSE SIDE FOR INSTRUCTIONS)



08/21/200620269

08/21/200620269

9

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

JP

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF October 1, 2008

CORPORATION NAME AND MAILING ADDRESS

FRIENDS OF KAPOLEI HALE  
91-1065 KOANIMAKANI STREET  
KAPOLEI HI 96707

Principal Office Address

91-1065 KOANIMAKANI STREET  
KAPOLEI HI 96707

1. Nature of Activities

INCORPORATED PRIMARILY AS AN EDUCATIONAL ORGANIZATION TO PROMOTE AND SUPPORT CULTURE-BASED PROGRAMS AND SOCIAL EVENTS FOR CHILDREN, YOUTH AND FAMILIES OF THE LEEWARD COAST OF OAHU, HAWAII. THIS ORGANIZATION DEVELOPS, PROMOTES, SPONSORS, AND/OR FACILITATES PROGRAMS AND EVENTS THAT PROVIDE OPPORTUNITIES FOR THE TARGET GROUP TO ENJOY AND/OR PARTICIPATE IN CULTURAL, EDUCATIONAL, SOCIAL, AND ATHLETIC ACTIVITIES. CONSIDERATION IS GIVEN FOR THOSE PROGRAMS AND ACTIVITIES THAT INCLUDE THOSE RESIDENTS WHO ARE ENDURING ECONOMICALLY CHALLENGED LIFE CIRCUMSTANCES. THIS ORGANIZATION ALSO DEVELOPS AND SUPPORTS ACTIVITIES AND EVENTS THAT PROMOTE LITERACY AND HEALTHY LIFESTYLES WHICH IS ESPECIALLY VALUED BY THE PARTICIPANTS SINCE A SIGNIFICANT PORTION OF OUR COUNTY'S HOMELESS POPULATION RESIDES IN OUR SERVICE AREA.

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.

JOY L. WILSON  
91-1065 KOANIMAKANI STREET  
KAPOLEI HI 96707

3. List all officers and directors.

Offices Held	Full Name	Address
P	JOY L. WILSON	91-1065 KOANIMAKANI STREET, KAPOLEI HI 96707
V/S	PATRICIA A. TERUYA	P.O. BOX 2308, WAIANAE HI 96792
V/T	MAEDA C. TIMSON	92-684 NOHONA STREET, KAPOLEI HI 96707
D	JOY L. WILSON	91-1065 KOANIMAKANI STREET, KAPOLEI HI 96707

CONTINUED ON OFFICERS ADDENDUM

NO CHANGES

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

March 6, 2009

JOY L. WILSON

JOY L. WILSON

Date

Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)

Print Name

C/JP

FILE NO. 220795 D2  
Rev. 11/2008

2008 B18  
B22



03/06/200943637

CARROLLCOX.COM

**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
D	PATRICIA A. TERUYA	P.O. BOX 2308, KAPOLEI HI 96707
D	MAEDA C. TIMSON	92-684 NOHONA STREET, KAPOLEI HI 96707

03/06/200943637

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

BUSINESS REGISTRATION DIVISION

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF July 1, 2009

CORPORATION NAME AND MAILING ADDRESS

WAIMANALO CONSTRUCTION COALITION\*
41 640 POALIMA ST
WAIMANALO HI 96795

Principal Office Address

41 640 POALIMA ST
WAIMANALO HI 96795

1. Nature of Activities

ASSIST RESIDENTS ISLAND-WIDE WITH EMPLOYMENT OPPORTUNITIES IN THE CONSTRUCTION TRADE - REFER TO COMMERCIAL DRIVERS LICENSE (CDL), TRAINING PROGRAM.

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. After any changes made, the street addresses of its registered office and agent shall be identical.

ANDREW M. JAMILA JR.
41-640 POALIMA ST
WAIMANALO HI 96795

CARROLLCOX.COM

3. List all officers and directors.

Table with 3 columns: Offices Held, Full Name, Address. Rows include P/D, V/D, T/D, and S with names like JAMILA, ANDREW M JR, APO, BERNARD, LUNDGREN, ANGELA, and TERUYA, PATRICIA A.



NO CHANGES

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

December 21, 2009

PATRICIA A. TERUYA

PATRICIA A. TERUYA

Date

Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)

Print Name

FILE NO. 116630 D2
Rev. 11/2008

2009 B18
B22



12/21/200944315

Handwritten mark