


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 013 ****70.00

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1. Entity Name
HISPANIC HERITAGE SCHOLARSHIP FUND OF METRO ORLANDO, INC.



Principal Place of Business
**315 E ROBINSON ST, STE 190
 ORLANDO, FL 32801**

Mailing Address
**315 E ROBINSON ST, STE 190
 ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

60055022



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0807279

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARNER, CECILIA
 1409 SUNNINGDALE WAY
 ORLANDO, FL 32828**

7. Name and Address of New Registered Agent

Name **Elsie Alfonso**
 Street Address (P.O. Box Number is Not Acceptable)
7 White Marsh Circle
 City **Orlando** FL Zip Code **32824**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Elsie Alfonso / Elsie Alfonso** DATE **4/29/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME AILEEN, CUBILLOS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2400 BEDFORD RD. 2ND FLOOR	
CITY-ST-ZIP ORLANDO, FL 32803	
TITLE NAME VP MARTINEZ, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS 315 E. ROBINSON ST. #190	
CITY-ST-ZIP ORLANDO, FL 32801	
TITLE NAME T FARNER, CECILIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1409 SUNNINGDALE WAY	
CITY-ST-ZIP ORLANDO, FL 32828	
TITLE NAME ED VALARINO, LIZETTE	<input type="checkbox"/> Delete
STREET ADDRESS 201 S. ROSALIND AVE.	
CITY-ST-ZIP ORLANDO, FL 32801	
TITLE NAME S GUTIERREZ, STEPHANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5900 LAKE ELLENOR DR.	
CITY-ST-ZIP ORLANDO, FL 32809	
TITLE NAME D PALACIOS, KIRSTEN	<input type="checkbox"/> Delete
STREET ADDRESS 7401 CYPRESS GARDENS BLVD.	
CITY-ST-ZIP WINTER HAVEN, FL 33888	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME T Elsie Alfonso	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1 White Marsh Circle	
CITY-ST-ZIP Orlando FL 32824	
TITLE NAME X Lorena Quiroz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 315 E. Robinson St. #190	
CITY-ST-ZIP Orlando FL 32803	
TITLE NAME Vice Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elsie Alfonso** DATE **4/29/08** DAYTIME PHONE # **321-287-1741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR