

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003689

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: FLORIDA-CUBA HUMANITARIAN AID SOCIETY, INC.

**Current Principal Place of Business:**

629 FLAMINGO DR  
APOLLO BCH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

629 FLAMINGO DR  
APOLLO BCH, FL 33572

**New Mailing Address:**

FEI Number: 20-1146599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVELACE, WILLIAM K ESQUIRE  
401 S LINCOLN AVE  
CLEARWATER, FL 33756      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CONLAN, GEORGE P  
Address: 629 FLAMINGO DR  
City-St-Zip: APOLLO BCH, FL 33572

Title: D      ( ) Delete  
Name: LOVELACE, WILLIAM K ESQUIRE  
Address: 401 S LINCOLN AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: D      ( ) Delete  
Name: ZUKOWSKI, BENJAMIN J  
Address: 2032 GENTRY ST  
City-St-Zip: CLEARWATER, FL 33765

Title: D      ( ) Delete  
Name: O'RIORDAN, OLIVER  
Address: 769 KINGSTON CT  
City-St-Zip: APOLLO BCH, FL 33572

Title: D      ( ) Delete  
Name: FIORE, M.D., FABIO  
Address: 284 MOON ST  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE P. CONLAN

D

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date