

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003689

FILED
May 16, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

P

05/16/2009

Electronic Signature of Signing Officer or Director

_____ Date