
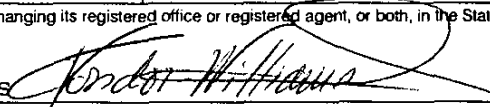
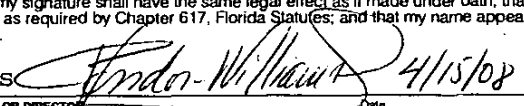


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 016 ****61.25

DOCUMENT # N05000006709					
1. Entity Name LATINA WOMEN'S LEAGUE CORP.					
Principal Place of Business 4510 NW 14TH PLACE GAINESVILLE, FL 32605			Mailing Address 4510 NW 14TH PLACE GAINESVILLE, FL 32605		
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	4. FEI Number 35-2259836	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDOR-WILLIAMS, VICTORIA 4510 NW 14TH PLACE -- GAINESVILLE, FL 32605			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u>Victoria Condor-Williams</u>				4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDOR-WILLIAMS, VICTORIA		NAME		
STREET ADDRESS	4510 NW 14TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ DELA TORRE, VICTORIA		NAME	Maria del Pilar Paz	
STREET ADDRESS	4912 NW 170 ST		STREET ADDRESS	2700 SW Archer Road, Apt. D 2	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, INES		NAME	Ines Rios	
STREET ADDRESS	4850 SW 91 TERR P-308		STREET ADDRESS	2323 SW 35th Place Apt. 5 B	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MARIA E		NAME		
STREET ADDRESS	1084 SW 11M TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	PMT	<input checked="" type="checkbox"/> Delete	TITLE	PMT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIZ, ALZA		NAME	Lourdes Fuller	
STREET ADDRESS	5921 NW 30 TERR		STREET ADDRESS	1909 SW 48th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Victoria Condor-Williams</u>				4/15/08 352-378-9787	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	