

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006709

FILED
Apr 28, 2009
Secretary of State

Entity Name: LATINA WOMEN'S LEAGUE CORP.

Current Principal Place of Business:

4510 NW 14TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4510 NW 14TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 35-2259836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOR-WILLIAMS, VICTORIA
4510 NW 14TH PLACE
GAINESVILLE, FL 32605 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: P () Delete
Name: CONDOR-WILLIAMS, VICTORIA
Address: 4510 NW 14TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: PAZ, MARIA D
Address: 2700 SW ARCHER ROAD, APT. D2
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: INES, RIOS
Address: 2323 SW 35TH PLACE APT. 5B
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: QUINTANA, MARIA E
Address: 1084 SW 11M TERRACE
City-St-Zip: GAINESVILLE, FL 32601

Title: PMT () Delete
Name: FULLER, LOURDES
Address: 1909 SW 48TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FULLER, LOURDES
Address: 1909 SW 48TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change () Addition
Name: MCKENNA, SONIA
Address: 4716 NW 30TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PMT (X) Change () Addition
Name: TODD, JANET
Address: 6022 NW35TH STREET
City-St-Zip: GAINESVILLE, FL 32653

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: VICTORIA CONDOR-WILLIAMS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date