

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005186

FILED
Apr 18, 2009
Secretary of State

Entity Name: PUERTO RICAN CHAMBER OF COMMERCE OF POLK COUNTY, INC.

Current Principal Place of Business:

3211 GRAND PINES DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

3211 GRAND PINES DRIVE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 26-0470252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIVERA, ANA I
3211 GRAND PINES DRIVE
LAKELAND, FL 33810 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: DP () Delete
Name: RIVERA, ANA I
Address: 3211 GRAND PINES DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: CEO () Delete
Name: RIVERA, ANA I
Address: 3211 GRAND PINES DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: DP () Delete
Name: RAMOS, DAVID
Address: 3211 GRAND PINES DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: ANGELIS, JOHN D
Address: 3625 TANGERINE TRAILS
City-St-Zip: LAKELAND, FL 33810

Title: DS () Delete
Name: ANGELIS, NITZA D
Address: 3625 TANGERINE TRAILS
City-St-Zip: LAKELAND, FL 33810

Title: DT () Delete
Name: OCASIO, ANA M
Address: 1725 GIB GALLOWAY #20
City-St-Zip: LAKELAND, FL 33810

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: DS (X) Change () Addition
Name: MONCADA, JOANN
Address: 5337 N SOCRUM LOOP
City-St-Zip: LAKELAND, FL 33810

Title: DS (X) Change () Addition
Name: AVILES, JUAN
Address: 3225 HWY 27
City-St-Zip: DAVENPORT, FL 33836

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: ANA I RIVERA

CEO

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date