

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 047 ****61.25

DOCUMENT # N35011

1. Entity Name

**SOUTHWEST FLORIDA HISPANIC CHAMBER OF
COMMERCE, INC.**



Principal Place of Business

**10051 MC GREGOR BLVD
STE 204
FORT MYERS FL 33919**

Mailing Address

**10051 MC GREGOR BLVD
STE 204
FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0154409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, LEONARDO
13222 GREYWOOD CIRCLE
FORT MYERS FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VARGAS, DAVID S ☒ Delete
6457 EMERALD PINES CIRCLE
FORT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Culbertson, Veronica ☒ Change ☐ Addition
14021 Metropolis
Fort Myers FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VANHOOKE, JEROME ☐ Delete
222 INDUSTRIAL BLVD. #139
NAPLES FL 34101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DEARINGER, JEREMY ☒ Delete
714 MIRROR LAKES CIR
LEHIGH ACRES FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Welsh, Darlene ☒ Change ☐ Addition
4909 SW 18th Ave.
Cape Coral FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WELCH, DARLENE ☒ Delete
4909 SW 18TH AVE.
CAPE CORAL FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Hasak, Silvia ☒ Change ☐ Addition
620 SE 29th Terrace
Cape Coral FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SANCHEZ, JOSE R ☒ Delete
2223 DEL PRADO BLVD.
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Sanchez, Jose R ☒ Change ☐ Addition
1820 Colonial Blvd
Fort Myers FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leonardo Garcia

3/24/2005

239-418-1441