

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90024 046 ****61.25

05-17-1999 90088 002 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38295

1. Corporation Name

HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

JVS585 - 90024 - 46

Principal Place of Business

P.O. BOX 16141, TEMPLE TEREAGE, FL
TAMPA FL 33687-3141

Mailing Address

P.O. BOX 16141, TEMPLE TEREAGE, FL
TAMPA FL 33687-3141

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>P.O. Box 152344</u>	26 <u>P.O. Box 152344</u>	05/09/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3018810
City & State	City & State	Applied For
23 <u>TAMPA FL</u>	28 <u>TAMPA FL</u>	Not Applicable
Zip	Zip	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
24 <u>33684</u>	29 <u>33684</u>	6. Election Campaign Financing
Country	Country	Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

INATY, AMALIA B
4625 N. ARMENIA AVE
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name	<u>HARVEY PEREZ, L.</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>P.O. Box 152344 1944 Blossom Way So</u>
83	
84 City	<u>TAMPA St. Petersburg FL</u>
85 Zip Code	<u>33684</u>

33712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Harvey Perez, L.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	HARVEY, PEREZ L	1.2 NAME	HARVEY, PEREZ L
STREET ADDRESS	1944 BLOSSOM WAY S.	1.3 STREET ADDRESS	1944 BLOSSOM WAY S.
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	PD	2.1 TITLE	VD
NAME	DE INATY, AMALIA B	2.2 NAME	MARCIA E. PITA, Ph.D.
STREET ADDRESS	4624 N. ARMENIA AVE	2.3 STREET ADDRESS	1107 W. CORAL STREET
CITY-ST-ZIP	TAMPA FL 83803	2.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP	3.1 TITLE	TD
NAME	BERASALUCE, ADA	3.2 NAME	MARIA JULIA HARDING
STREET ADDRESS	205 W BUSCH BLVD SUITE 200	3.3 STREET ADDRESS	1208 W. ADALCE ST.
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	TAMPA, FL 33603
TITLE	TD	4.1 TITLE	ATD
NAME	MCKENZIE, LIZ	4.2 NAME	DAMARIS SOTO FRASSICA
STREET ADDRESS	1814 ELLINTONG CT.	4.3 STREET ADDRESS	3002 W. PRICE AVENUE
CITY-ST-ZIP	VALRICO FL 33549	4.4 CITY-ST-ZIP	TAMPA, FL 33611
TITLE	SD	5.1 TITLE	
NAME	REYES, RAFAELA	5.2 NAME	
STREET ADDRESS	3434 HUNTER RUN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33814	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-19-99

Date

813/286-1711

Daytime Phone #

CR2EN37 (1/1/99)