2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N38295

Entity Name: HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

1107 WEST CORAL STREET
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 152344
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 59-3018810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIJLEN, MARIA T
11218 POCKET BROOK DRIVE
TAMPA, FL 33635 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:	PD	( ) Delete
Name:	PITA, MARCIA DR.	
Address:	1107 W. CORAL STREET	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	PPD	( ) Delete
Name:	COSTAS, LISA DR	
Address:	312 FORREST BREEZE AVE.	
City-St-Zip:	BRANDON, FL 33511 US	
Title:	SD	( ) Delete
Name:	ABREU, CRISTINA	
Address:	1301 S. HOWARD AVE., A-10	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	VP	( ) Delete
Name:	SHAFEE, PAOLA	
Address:	3617 S. HIMES	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	TD	( ) Delete
Name:	STEIJLEN, MARIA T	
Address:	11218 POCKET BROOK DRIVE	
City-St-Zip:	TAMPA, FL 33635 US	
Title:	PED	( ) Delete
Name:	PIERRE, MARIA	
Address:	1502 W. BUSCH BLVD, SUITE C	
City-St-Zip:	TAMPA, FL 33612	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARIA T. STEIJLEN TD 04/17/2009

Electronic Signature of Signing Officer or Director — Date