FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # N44203 (0)

1. Corporation Name
SPANISH-AMERICAN VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 447 MELBOURNE FL 32902	P. O. BOX 447 MELBOURNE FL 32902

3. Date Incorporated or Qualified: 07/05/1991

4. FEI Number: 59-3063873 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLOWNEY, LUPE M.
401 LIGHTHOUSE LANDING ST.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. CFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLOWNEY, LUPE M.		1.2 NAME		
STREET ADDRESS	401 LIGHTHOUSE LANDING ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, RAUL		2.2 NAME		
STREET ADDRESS	2975 GEMINI AVE. N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2. 4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	FERNANDEZ, PEDRO		3.2 NAME	COLON-ROBLES, CARLOS A.	
STREET ADDRESS	1500 WIGMORE ST. S.E.		3.3 STREET ADDRESS	918 Yuma St. SE	
CITY-ST-ZIP	PALM BAY FL		3.4. CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEDRAZA, RAFAEL		4. 2 NAME		
STREET ADDRESS	1895 BLAINE ST.N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARRERO, JUAN		5.2 NAME		
STREET ADDRESS	6790 BABCOCK ST. S.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	FERNANDEZ, PEDRO T	☒ Change ☒ Addition
NAME	KEKAHUNA, ELSA		6.2 NAME	1500 WIGMORE ST. SE.	
STREET ADDRESS	2395 KING RICHARD RD.		6.3 STREET ADDRESS	PALM BAY FL 32909	
CITY-ST-ZIP	MEBLOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Lupe M. Clowney REQUIRED LUPE M. CLOWNEY 1/8/98 (407) 777-2496