

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N44203 1. Entity Name SPANISH-AMERICAN VETERANS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 447 MELBOURNE, FL 32902			Mailing Address P. O. BOX 447 MELBOURNE, FL 32902		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3063873	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAFAEL 260 BUTLER AVE NE PALM BAY, FL 32905				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Delete RODRIGUEZ, RAFAEL 260 BUTLER AVE NE PALM BAY, FL 32905				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☐ Delete ROMERO, MANUEL A 160 WICKHAM LAKES DR MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ☐ Delete COLON-ROBLES, CARLOS A 918 YUMA ST SE PALM BAY, FL 32909				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ☐ Delete PEDRAZA, RAFAEL 1895 BLAINE ST.N.E. PALM BAY, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ☐ Delete FLORES, JORGE 698 DAVIDSON STREET PALM BAY, FL 32909				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ☒ Delete DUMENG, HERIBERTO 298 CAMERON ST SE PALM BAY, FL 32909				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition 02/10/04-80035-014 61.25					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition T ISAUL VELEZ F. 3190 FORREST CREEK Dr. MELBOURNE, FL 32901					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Rafael B. Velez</u> 2/1/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					