2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2003 8:00 am Secretary of State DOCUMENT # N44203 1. Entity Name 03-07-2003 90132 023 ****61.25 SPANISH-AMERICAN VETERANS ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 447 P. O. BOX 447 MELBOURNE FL 32902 MELBOURNE FL 32902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3063873 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLOWNEY, LUPE M RAFAEL RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 73 ANCHOR DR INDIAN HARBOUR BEACH FL 32937 260 BUTLER AVE NE PALM BAY, 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 ages SIGNATURE (PRESIDENT) MARCH 3, 2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE **X**7 Change ☐ Addition CLOWNEY, LUPE M NAME RODRIGUEZ, RAFAEL NAME STREET ADDRESS 73 ANCHOR DR 260 BUTLER AVE.NE STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FLORIDA 32905 ☐ Delete TITLE. Change velez, manuel a ROMERO, FRANK NAME STREET ADDRESS 160 WICKHAM LAKES DR. 178 NEMO CIRCLE NE. PALM BAY, FLORIDA 32905 STREET ADDRESS CITY-ST-ZIP VIERA FL 32940 CITY-ST-ZIP X Delete TITLE ☐ Change Addition NAME COLON-ROBLES, CARLOS A NAME 918 YUMA ST SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME PEDRAZA, RAFAEL NAME STREET ADDRESS 1895 BLAINE ST.N.E. STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLORES, JORGE NAME NAME STREET ADDRESS 698 DAVIDSON STREET STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP ☐ Delete TITLE K Change ☐ Addition **DUMENG, HERIBERTO** VELEZ, MANUEL A. NAME STREET ADDRESS 160 WICKHAM LAKES DR. 298 CAMERON ST SE STREET ADDRESS CITY-ST-ZIP VIERA, FLORIDA 32940 PALM BAY FL 32909 CITY-ST-ZIP

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

SIGNATURE:

MARCH 3 - 2003

FILED