SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005654 (9)**

1. Corporation Name

THE HISPANIC ACTION SOCIETY, INC.

Principal Place of Business	Mailing Address
4537 SOUNDSIDE DR. GULF BREEZE FL 32561	P.O. BOX 1242 PENSACOLA FL 32596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3206033 — Applied For / Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes — Yes / No

2. Principal Place of Business	2a. Mailing Address
21 PENSACOLA, FL	26 PO BOX 1242 PENSACOLA, FL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FLORIDA
Zip 24 32596 — Country 25 ESCAMBIA	Zip 29 32596 — Country 30 ESCAMBIA

9. Name and Address of Current Registered Agent

C. JOSEPH SCARBOROUGH, P.A.
15 W. LARUA ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: C. JOSEPH SCARBOROUGH, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 15 W. LARUA ST.
83
84 City: PENSACOLA — FL — 85 Zip Code: 32501

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 restating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MORENO, GERMAN
STREET ADDRESS	500 N. 77TH AVE.
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D
NAME	KERRIGAN, CARMEN
STREET ADDRESS	4537 SOUNDSIDE DR.
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	DEANDA, DANIEL
STREET ADDRESS	1671 E. DOLMONT
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D
NAME	YOUNG, PEGGY ROCAS
STREET ADDRESS	6490 HERMITAGE DR.
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P-D	☑ Change ☐ Addition
12 NAME	RICHARD D. MALDONADO	
13 STREET ADDRESS	555 GUNTINGTON CRT.	
14 CITY-ST-ZIP	PENSACOLA, FL 32508	
21 TITLE	V-D	☑ Change ☐ Addition
22 NAME	MARIA MATTA	
23 STREET ADDRESS	2395 WHITE PINE DR.	
24 CITY-ST-ZIP	PENSACOLA, FL 32526	
31 TITLE	T	☑ Change ☐ Addition
32 NAME	SONIA TORRES	
33 STREET ADDRESS	5855 AVONDALE RD.	
34 CITY-ST-ZIP	PENSACOLA, FL 32526	
41 TITLE	S-D	☑ Change ☐ Addition
42 NAME	DANIA A. MALDONADO	
43 STREET ADDRESS	555 GUNTINGTON CRT	
44 CITY-ST-ZIP	PENSACOLA, FL 32508	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard D. Maldonado — PRESIDENT — 20 JUN 95 — (904) 457 9328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010017