

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005654 (9)

1. Corporation Name

THE HISPANIC ACTION SOCIETY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1242
PENSACOLA FL 32596
US

P.O. BOX 1242
PENSACOLA FL 32596

3. Date Incorporated or Qualified: **12/16/1993**
3a. Date of Last Report: **07/20/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3206033	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCARBOROUGH, JOSEPH C.
15 W. LARUA STREET
PENSACOLA FL 32501**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. FEI Number	500001824645
84. City	FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MALDONADO, RICHARD D.	1.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 555 GUNTINGTON COURT	CITY-ST-ZIP: PENSACOLA FL	1.2 NAME: Ismael Mattos-Jaime	
		1.3 STREET ADDRESS: 1106 Amiens Way	
		1.4 CITY-ST-ZIP: Pensacola, FL 32505	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: VD	NAME: MATA, MARIA	2.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2395 WHITE PINE DRIVE	CITY-ST-ZIP: PENSACOLA FL	2.2 NAME: Carlos L. Trani	
		2.3 STREET ADDRESS: 5295 Balfour Pl.	
		2.4 CITY-ST-ZIP: Pensacola, FL 32507	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: T	NAME: TORRES, SONIA	3.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 5855 AVON DALE ROAD	CITY-ST-ZIP: PENSACOLA FL	3.2 NAME: Olivia R. Barber	
		3.3 STREET ADDRESS: 8435 Harbour Square Dr.	
		3.4 CITY-ST-ZIP: Pensacola, FL 32514	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: SD	NAME: MALDONADO, DANIA A.	4.1 TITLE: T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 555 GUNTINGTON COURT	CITY-ST-ZIP: PENSACOLA FL	4.2 NAME: Nivia Drummond	
		4.3 STREET ADDRESS: 4643 Tradewinds Circle	
		4.4 CITY-ST-ZIP: Pensacola, FL 32514	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: []	NAME: []	5.1 TITLE: T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: []	CITY-ST-ZIP: []	5.2 NAME: Mercedes Rodriguez	
		5.3 STREET ADDRESS: 2261 B Crosby Ave	
		5.4 CITY-ST-ZIP: Pensacola, FL 32507	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: []	NAME: []	6.1 TITLE: []	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: []	CITY-ST-ZIP: []	6.2 NAME: []	
		6.3 STREET ADDRESS: []	
		6.4 CITY-ST-ZIP: []	

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)(k), 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: _____ Date: **4/7/96** Daytime Phone #: **(904) 435-2902**

CR2E037 (12/95)

DM 5/1/96