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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005654 (9)**

1. Corporation Name

THE HISPANIC ACTION SOCIETY, INC.



Principal Place of Business	Mailing Address
P.O. BOX 1242 PENSACOLA FL 32506 US	P.O. BOX 1242 PENSACOLA FL 32506

3. Date Incorporated or Qualified	12/16/1993
4. FEI Number	59-3206033
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
SCARBOROUGH, JOSEPH C. 15 W. LARUA STREET PENSACOLA FL 32501	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MATTOS-JAIME, ISMAEL
STREET ADDRESS	1106 AMIENS WAY
CITY-ST-ZIP	PENSACOLA FL 32505
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CASTRO, NELSON
STREET ADDRESS	5160 CROWSON RD
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ SCHUMMER, OLDA
STREET ADDRESS	1912 JENNIFER LN
CITY-ST-ZIP	PACE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DRUMMOND, NIVA
STREET ADDRESS	4643 TRADEWINDS CIRCLE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BURTON, ALBERT W
STREET ADDRESS	3471 SUMMIT BLVD
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISMAEL MATTOS-JAIME
1.3 STREET ADDRESS	1106 Amiens Way
1.4 CITY-ST-ZIP	Pensacola, FL 32505
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERMAN MORENO
2.3 STREET ADDRESS	500 N 77th AVE.
2.4 CITY-ST-ZIP	Pensacola, FL 32506
3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MELISSA PADBURY
3.3 STREET ADDRESS	5240 Flintwood Circle
3.4 CITY-ST-ZIP	Pensacola, FL 32504
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NELSON CASTRO
4.3 STREET ADDRESS	5160 Crowson Road
4.4 CITY-ST-ZIP	Pensacola, FL 32526
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDSEL G. COMENENCIA
5.3 STREET ADDRESS	2405 Ursula Lane
5.4 CITY-ST-ZIP	Pensacola, FL 32526
6.1 TITLE	P/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM R. DRUMMOND
6.3 STREET ADDRESS	4643 Tradewinds Circle
6.4 CITY-ST-ZIP	Pensacola, FL 32514

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: *Ismael Mattos-Jaime* 4-29-98 (ADD) 4-25-2002

CP2E037 (10/97)