SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF SORPORATIONS

DOCUMENT # N9300005654 V

Corporation Name

THE HISPANIC ACTION SOCIETY, INC.

Principal Place of Business
P.O. BOX 1242,
PENSACOLA FL 32596
US

2. Principal Place of Business

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Mailing Address

P.O. BOX 1242 PENSACOLA FL 32596

2a. Mailing Address

Cuita Ant # ata

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FILED Apr 20, 1999 8:00 am Secretary of State

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FEI Number

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tate Incorporated or Qualifed 12/16/1993	-N 6/; ZS

Suite, Apr.	, 616.	Suite, Apr. #, etc.			59-3206033	————	t Applicable
22		27			00 0200	\$8.75 A	
City & State		City & State			5. Certifcate of Status Desired	Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financing	□ \$5.00	May Be
24	25	29 30	}		Trust Fund Contribution	☐ Added t	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			81 N	lame			
SCARRO	Rough, Joseph C.		82 S		ess (P.O. Box Number is Not Acceptab	la)	
	RUA STREET		62 3	tieer Auur	ess (P.O. Box Number is Not Acceptab	iie)	
	DLA FL 32501		83				
PLINOACK	DEA 1 E 02001					1 - 1 - 2 -	
			84 0	ity		FL 85 Zip C	Code
44 D	a the previous of Continue 617.050	and 617 1509 Florida Statutos	the shove o	amed com	oration submits this statement for the p	urpose of changing its	registered
l office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	onzed by the	corporatio	on's board of directors. I hereby accept	the appointment as re-	gistered
(
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	gistered Agent sig	nature require	d when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	_
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MATTOS-JAIME, ISMAEL		1.2 NAME				
STREET ADDRESS	1106 AMIENS WAY		1.3 STREET ADI	DRESS			
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZI	- 1			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	MORENO, GERMAN	_	2.2 NAME			•	
STREET ADDRESS	500 N 77TH AVENUE		2.3 STREET AD	DRESS			
CITY-ST-ZIP	PENSACOLA FL 32506	-	2. 4 CITY-ST-Z			ستواعل ۱۰ د د	,
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	PADBURY, MELISSA		3.2 NAME			•	
STREET ADDRESS	5240 FLINTWOOD CIRCLE		3.3 STREET AD	DRESS			
-	PENSACOLA FL 32504		3.4. CITY-ST-Z				
CITY-ST-ZIP TITLE	T	☐ DELETE	4.1 TITLE	` 		☐ Change	Addition
NAME	CASTRO, NELSON		4. 2 NAME				
STREET ADDRESS	5160 CROWSON ROAD		4.3 STREET AD	DRESS			
]]	PENSACOLA FL 32526		4.4 CITY-ST-ZII				
CITY-ST-ZIP	T	DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	COMENENCIA, EDSEL G	_	5.2 NAME			•	
STREET ADDRESS	2405 URSULA LANE		5.3 STREET AD	DRESS			
}	PENSACOLA FL 32526		5.4 CITY-ST-ZII				
CITY-ST-ZIP TITLE	PO		6.1 TITLE			☐ Change	Addition
)	Drummond, William R	- Deceie	6.2 NAME				
NAME	4643 TRADEWINDS CIRCLE		6.3 STREET AD	DRESS			
STREET ADDRESS							
CITY-ST-ZIP	PENSACOLA FL 32514	_	6.4 CITY-ST-ZI				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 8 /99 850-479-248.

Date | Daytime Phone #

CR2

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Applied For