

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91194 009 ****61.25

DOCUMENT # N93000005654

1. Entity Name
THE HISPANIC ACTION SOCIETY, INC.

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

2. Principal Place of Business 3. Mailing Address
P.O. BOX 11931 **P.O. Box 11931**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Pensacola, FL **Pensacola, FL** **59-3206033** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32524-1931 **US** **32524-1931** **U.S** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SCARBOROUGH, JOSEPH C. **Dr. Maria R. Sangillo**
15 W. LARUA STREET **4280 LA VALLET CORI**
PENSACOLA FL 32501 **Pensacola, FL 32504**

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.
 SIGNATURE: **Dr. Maria P. Sangillo** DATE: **5/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NUNEZ, LINA 4627 WOODBINE RD #4 PACE FL 32571 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Maria R. Sangillo 4280 La Vallet Cori Pensacola FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TIRADO, VIRGINIA 2215 DOVEFIELD DRIVE PENSACOLA FL 32534 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Adalino Corraliza Jr. 1420 E. Burgess rd. Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GRAY, MIREYA 310 N 61 STREET PENSACOLA FL 32506 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Violeta Gordon 816 Brook Metal Ln. Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STOREY, JON D 213 GILLILAND ROAD N.W. PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Gray Mireya 310 N 61 street Pensacola FL 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ADONTE, TONY 4420 CHANTILLY WAY MILTON FL 32583 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Lutdes Aponte 4420 Chantilly way Milton FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP2 REINA, OLIVA 547 SEA PINE CIRCLE PENSACOLA FL 32506 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPB Jacke Holland 2923 fallen tree dr. contomen, FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **5/25/02** DAYTIME PHONE #: **(850) 473-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)