

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000000559 (3)

1. Corporation Name

VOLUSIA COUNTY HISPANIC ASSOCIATION INC.



Principal Place of Business

1202 SACRAMENTO ST.
DELTONA FL 32725

Mailing Address

1202 SACRAMENTO ST.
DELTONA FL 32725-8420

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

21 1202 Sacramento St

Suite, Apt. #, etc.

22 City & State

23 Deltona FL

24 32725

25 Volusia

2a. Mailing Address

26 1202 Sacramento St

Suite, Apt. #, etc.

27 City & State

28 Deltona FL

29 32725

30 Volusia

4. FEI Number
65-0549680

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORTES, ERNESTO
2021 PORTSMOUTH ST.
DELTONA FL 32738

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

1/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CORTES, ERNESTO
STREET ADDRESS 2021 PORTSMOUTH ST.
CITY-ST-ZIP DELTONA FL 32725

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV DELETE
NAME HERNANDEZ, BLANCA I
STREET ADDRESS P.O. BOX 6264 N/A
CITY-ST-ZIP DELTONA FL 32725

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S DELETE
NAME CORDERO, RUTHIE
STREET ADDRESS 3080 HALLOW DR.
CITY-ST-ZIP DELTONA FL 32738

3.1 TITLE S Change Addition
3.2 NAME MARITZA Rodriguez
3.3 STREET ADDRESS 899 Gold Coast Dr.
3.4 CITY-ST-ZIP DELTONA FL 32725

TITLE I DELETE
NAME IRIZARRY, CARMEN
STREET ADDRESS 1213 VOYAGER ST.
CITY-ST-ZIP DELTONA FL 32725

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE I DELETE
NAME MALDONADO, ISAURO
STREET ADDRESS 333 MONTEGO ST.
CITY-ST-ZIP DELTONA FL 32725

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE I DELETE
NAME MALDONADO, BALTAZAR
STREET ADDRESS 333 MONTEGO ST.
CITY-ST-ZIP DELTONA FL 32725

6.1 TITLE Change Addition
6.2 NAME 200002078652
6.3 STREET ADDRESS -02/05/97--01053--040
6.4 CITY-ST-ZIP ***70.00

14. I do 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

[Handwritten Signature] 1/3/97

CR2E037 (9/96)