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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000559

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0549680

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORTES, ERNESTO
2921 PORTSMOUTH ST.
DELTONA FL 32738

81

Name *BLANCA HERNANDEZ*

82

Street Address (P.O. Box Number is Not Acceptable)

1219 DANDELION DR

83

DELTONA FL 32725

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

BLANCA HERNANDEZ

1/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORTES, ERNESTO	
STREET ADDRESS	2921 PORTSMOUTH ST.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, BLANCA I	
STREET ADDRESS	P.O. BOX 6264 N/A	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUNOZ, HELIA	
STREET ADDRESS	664 ELDRON AVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IRIZARRY, CARMEN	
STREET ADDRESS	1213 VOYAGER ST.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MALDONADO, ISaura	
STREET ADDRESS	333 MONTEGO ST.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MALDONADO, BALTAZAR	
STREET ADDRESS	333 MONTEGO ST.	
CITY-ST-ZIP	DELTONA FL 32725	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLANCA HERNANDEZ	
1.3 STREET ADDRESS	1219 DANDELION DR	
1.4 CITY-ST-ZIP	DELTONA FL 32725	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ISaura MALDONADO	
2.3 STREET ADDRESS	333 MONTEGO ST	
2.4 CITY-ST-ZIP	DELTONA FL 32725	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 registered agent 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 407860-2547
Date Daytime Phone #

CR2E037 (1/198)