

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000005654 (9)

1. Corporation Name

THE HISPANIC ACTION SOCIETY, INC.

Principal Place of Business

Mailing Address

4537 SOUNDSIDE DR.
 GULF BREEZE FL 32561

P.O. BOX 1242
 PENSACOLA FL 32596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3206033	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This Corporation has liability for intangible tax under s. 195.037 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address **PO BOX 1242**

21 **PENSACOLA, FL**

26 **PENSACOLA, FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **PENSACOLA, FL**

28 **PENSACOLA, FLORIDA**

Zip

Country

Zip

Country

24 **32596**

25 **ESCAMBIA**

29 **32596**

30 **ESCAMBIA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C. JOSEPH SCARBOROUGH, P.A.
 15 W. LARUA ST.
 PENSACOLA FL 32501**

81 Name C. JOSEPH SCARBOROUGH, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 15 W. LARUA ST.
83
84 City PENSACOLA
85 Zip Code FL 32501

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MORENO, GERMAN
STREET ADDRESS	500 N. 77TH AVE.
CITY - ST - ZIP	PENSACOLA FL 32506
TITLE	D
NAME	KERRIGAN, CARMEN
STREET ADDRESS	4537 SOUNDSIDE DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	DEANDA, DANIEL
STREET ADDRESS	1671 E. DOLMONT
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	D
NAME	YOUNG, PEGGY ROCAS
STREET ADDRESS	6490 HERMITAGE DR.
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P - D
12 NAME	RICHARD D. MALDONADO
13 STREET ADDRESS	555 GUNTINGTON CRT.
14 CITY - ST - ZIP	PENSACOLA, FL 32508
21 TITLE	V - D
22 NAME	MARIA MATA
23 STREET ADDRESS	2395 WHITE PINE DR.
24 CITY - ST - ZIP	PENSACOLA, FL 32526
31 TITLE	T
32 NAME	SONIA TORRES
33 STREET ADDRESS	5855 AVONDALE RD.
34 CITY - ST - ZIP	PENSACOLA, FL 32526
41 TITLE	S - D
42 NAME	DANIA A. MALDONADO
43 STREET ADDRESS	555 GUNTINGTON CRT
44 CITY - ST - ZIP	PENSACOLA, FL 32508
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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: *[Signature]* **RICHARD D. MALDONADO / PRESIDENT** **20 JUN 95** **(904) 457-9320**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR