

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000005654 (9)

1. Corporation Name

THE HISPANIC ACTION SOCIETY, INC.



Principal Place of Business

P.O. BOX 1242  
PENSACOLA FL 32596  
US

Mailing Address

P.O. BOX 1242  
PENSACOLA FL 32596

3. Date Incorporated or Qualified  
12/16/1993

3a. Date of Last Report  
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

SCARBOROUGH, JOSEPH C.  
15 W. LARUA STREET  
PENSACOLA FL 32501

81 Name

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

83

500001824645

-05/16/96--01041--030

84 City

\*\*\*70.00

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MALDONADO, RICHARD D.  
STREET ADDRESS 555 GUNTINGTON COURT  
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

1.1 TITLE D  
1.2 NAME Ismael Mattos-Jaime  
1.3 STREET ADDRESS 1106 Amiens Way  
1.4 CITY-ST-ZIP Pensacola, FL 32505 ☒ Change ☐ Addition

TITLE VD  
NAME MATA, MARIA  
STREET ADDRESS 2395 WHITE PINE DRIVE  
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

2.1 TITLE D  
2.2 NAME Carlos L. Trani  
2.3 STREET ADDRESS 5295 Balfour Pl.  
2.4 CITY-ST-ZIP Pensacola, FL 32507 ☒ Change ☐ Addition

TITLE T  
NAME TORRES, SONIA  
STREET ADDRESS 5855 AVON DALE ROAD  
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

3.1 TITLE D  
3.2 NAME Olivia R. Barber  
3.3 STREET ADDRESS 8435 Harbour Square Dr.  
3.4 CITY-ST-ZIP Pensacola, FL 32514 ☒ Change ☐ Addition

TITLE SD  
NAME MALDONADO, DANIA A.  
STREET ADDRESS 555 GUNTINGTON COURT  
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

4.1 TITLE T  
4.2 NAME Nivia Drummond  
4.3 STREET ADDRESS 4643 Tradewinds Circle  
4.4 CITY-ST-ZIP Pensacola, FL 32514 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE T  
5.2 NAME Mercedes Rodriguez  
5.3 STREET ADDRESS 2261 B Crosby Ave  
5.4 CITY-ST-ZIP Pensacola, FL 32507 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

Date

(904) 435-2902

Daytime Phone #

CR2E037 (12/95)