FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500000559 (3)

VOLUSIA COUNTY HISPANIC ASSOCIATION INC.

Principal Place of Business

Mailing Address

FILED Feb 04 1997 8:00am Secretary of State



1202 SACRAMENTO ST. DELTONA FL 32725		1202 SACRAMENTO ST. DELTONA FL 32725-8420				
· · · · · · · · · · · · · · · · · · ·				3. Date incorporated or Qualified 02/06/1995	3a. Date of Last Report 07/11/1996	
	ace of Business	28. Mailing Address	4	4. FEI Number 65-0549680	Applied For	
	SACRAMONTO ST	26 1208 Bac	1anul	AK, 00-0049000	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cliv & State	Hona 71	City & State 28 De/Tona	7/	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 32725 25 VO/US/A 29 32725 30 VO/US/A Florida Statutes Yes No						
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	10. Name and Address of New Re	gistered Agent			
81 Name						
2921 PORTSMOUTH ST.			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
				00		
			83		ļ	
			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						
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDE AND DIRECTORS IN 12	
TITLE	D .	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition	
NAME	CORTES, ERNESTO		1.2 NAME			
STREET ADDRESS	2921 PORTSMOUTH ST.					
	DELTONA FL 32725		1.3 STREET ADDRESS			
City-ST-ZIP	DV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	HERNANDEZ, BLANCA I		2.2 NAME			
STREET ADDRESS	P.O. BOX 6264 N/A		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725		2 4 CITY-ST-ZIP			
TITLE	\$	DELETE	31 TITLE	100 A - 1 / 10	Change Addition	
NAME	CORDERO, RUTHIE	7	3.2 NAME	MARITZA RADRI	9007	
STREET ADDRESS	3080 HALLOW DR.		3.3 STREET ADDRESS	899 Gold CO	45+ DK.	
CITY-ST-ZIP	DELTONA FL 32738		3.4. CITY-ST-ZIP	MARITZA RODE. 899 GOLDCO. DELTONA 7/3	3 <i>2725</i>	
TITLE	1	DELETE	4.1 TITLE		Change Addition	
NAME	IRIZARRY, CARMEN		4. 2 NAME			
STREET ADDRESS	1213 VOYAGER ST.		4.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725		4.4 CITY - ST - ZIP			
TITLE	T	DELETE	5.1 TITLE		Change Addition	
NAME	MALDONADO, ISAURA		5.2 NAME		/ 1 /	
STREET ADDRESS	333 MONTEGO ST.		5.3 STREET ADDRESS		(0,0)	
CITY-ST-ZIP	DELTONA FL 32725		5.4 CITY-ST-ZIP		~ 3/	
TITLE	1	DELETE	6.1 TITLE	20000207	Change Addition	
KAME	MALDONADO, BALTAZAR		6.2 NAME	-02/05/970105	**************************************	
STREET ADDRESS	333 MONTEGO ST.		6.3 STREET ADDRESS	***78.88	13 1570	
CITY-ST-ZIP	DELTONA FL 32725		6.4 CITY-ST-ZIP	<i>ተተ</i> ጥ ነህ , ህህ	}	
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.						