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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

65-0549680

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORTES, ERNESTO
2921 PORTSMOUTH ST.
DELTONA FL 32738**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input 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 checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARITZA	
STREET ADDRESS	899 GOLD COAST DR.	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	T	<input type="checkbox"/> DELETE
NAME	IRIZARRY, CARMEN	
STREET ADDRESS	1213 VOYAGER ST.	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MALDONADO, ISAUARA	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	664- EIDRON AVE
3.4 CITY-ST-ZIP	DELTONA FL 32738

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 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: **SECRETARY REQUIRED**

1/13/98 407 860-1128

CR2E037 (10/97)