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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	Mailing Address
1202 SACRAMENTO ST. DELTONA FL 32725	1202 SACRAMENTO ST. DELTONA FL 32725

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/06/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number. 65-0549680 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 BIANCA 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] BIANCA HERNANDEZ 1/15/99
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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CORTES, ERNESTO		1.2 NAME	BIANCA HERNANDEZ	
STREET ADDRESS	2921 PORTSMOUTH ST.		1.3 STREET ADDRESS	1219 DANDELION DR	
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HERNANDEZ, BLANCA I		2.2 NAME	ISAURA MALDONADO	
STREET ADDRESS	P.O. BOX 6264 N/A		2.3 STREET ADDRESS	333 MONTEGO ST	
CITY-ST-ZIP	DELTONA FL 32725		2. 4 CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUNOZ, HELIA		3.2 NAME		
STREET ADDRESS	664 ELDRON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		3.4. CITY-ST-ZIP		
TITLE	T	☐ 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		
STREET ADDRESS	333 MONTEGO ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALDONADO, BALTAZAR		6.2 NAME		
STREET ADDRESS	333 MONTEGO ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-15-99 407 860-2547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)