

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000559

FILED
Aug 19, 2009
Secretary of State

Entity Name: VOLUSIA COUNTY HISPANIC ASSOCIATION INC.

Current Principal Place of Business:

1942 LAREDO DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 390361
DELTONA, FL 32739

New Mailing Address:

FEI Number: 65-0549680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVERA, CARLOS
1942 LAREDO DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: RIVERA, CARLOS
Address: 1942 LAREDO DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VPSD () Delete
Name: RODRIGUEZ, PROVIDENCIA
Address: 1930 SNOOK DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: SANTIAGO, EMMA
Address: 2631 EUSTACE AVENUE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RIVERA, CARLOS
Address: 1942 LAREDO DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VPD (X) Change () Addition
Name: RODRIGUEZ, PROVIDENCIA
Address: 2796 LIGHTWOOD ST
City-St-Zip: DELTONA, FL 32738

Title: SD (X) Change () Addition
Name: SANTIAGO, EMMA
Address: 2631 EUSTACE AVENUE
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS RIVERA

P

08/19/2009

Electronic Signature of Signing Officer or Director

Date