2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2014
Secretary of State
CC1677138558

DOCUMENT# 713994

Entity Name: CENTRO ASTURIANO DE TAMPA, INC.

Current Principal Place of Business:

TAMPA, FLORIDA
1913 NEBRASKA AVENUE
TAMPA, FL 33602

Current Mailing Address:

TAMPA, FLORIDA
1913 NEBRASKA AVENUE
TAMPA, FL 33602

FEI Number: 59-0148165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUEYO, RICHARD K
TRENAM KEMKER
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602 US

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

Officer/Director Detail :

Title	D
Name	CASAR, ROBERT
Address	12507 LEATHERLEAF DR
City-State-Zip:	TAMPA FL 33626

Title	PRESIDENT
Name	MENENDEZ, FRANK
Address	2130 DALLAS AVENUE
City-State-Zip:	TAMPA FL 33603

Title	VP
Name	LOMBARDIA, KENNETH R
Address	4707 EL PRADO BLVD
City-State-Zip:	TAMPA FL 33629

Title	DIRECTOR
Name	DURAN, MANUEL DR.
Address	10632 ASHFORD OAKS DR
City-State-Zip:	TAMPA FL 33625

Title	SD
Name	LA FUENTE, RUSSELL D
Address	4809 N. RIVERSHORE DR.
City-State-Zip:	TAMPA FL 33603

Title	TREASURER
Name	PANNIER, VIRGINIA L
Address	7810 N MATANZAS AVENUE
City-State-Zip:	TAMPA FL 33614

Title	DIRECTOR
Name	SPOTO, GEORGINA
Address	4718 MICHAEL CT #113
City-State-Zip:	TAMPA FL 33614

Title	DIRECTOR
Name	LOMBARDIA, VIOLETA
Address	1812 ST. ISABEL ST
City-State-Zip:	TAMPA FL 33603

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I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA L PANNIER TREASURER 03/31/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RIVERO, ALICIA
Address	3614 CARMEN ST
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	RODRIGUEZ, ROLAND
Address	3010 LAKE ELLEN LANE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	BARTOLOTTI, CATHY
Address	4023 N LINCOLN AVE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	ECHEVARRIA, EMILIO DR.
Address	308 N BEVERLY AVE
City-State-Zip:	TAMPA FL 33614

Title	DIRECTOR
Name	FAVATA, RAY ANN
Address	3711 CHAMPAGNE DR
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	LLENDE, FRANK C
Address	332 FERN CLIFF AVE
City-State-Zip:	TEMPLE TERRACE FL 33617