

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010720

Entity Name: ENTERPRISING LATINAS, INC.**Current Principal Place of Business:**18240 U.S. HIGHWAY 301 S
WIMAUMA, FL 33598**Current Mailing Address:**18240 U.S. HIGHWAY 301 S
WIMAUMA, FL 33598 US**FEI Number: 27-1247381****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUTIERREZ, ELIZABETH
18240 U.S. HIGHWAY 301 S
WIMAUMA, FL 33598 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 P
Name STEWART, LUCY
Address 6816 32ND AVENUE, S.
City-State-Zip: TAMPA FL 33619

Title D
Name CINTRON, ILEANA
Address 48 HOLY FAMILY ROAD
APT. 508
City-State-Zip: HOLYOKE MA 01040

Title DIRECTOR
Name LANDRY, KAREN
Address 5196 A, NORWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR
Name CHAN, JAMES
Address 16404 CYPRESS WATER WAY
City-State-Zip: TAMPA FL 33624

Title VP
Name SLOAN, WANDA
Address 319 LISA STREET
City-State-Zip: LAKELAND FL 33815

Title T, TREASURER
Name BEIRMAN, JANET
Address 10302 BLUE BELL PLACE
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name JOAN , OVIawe O
Address 217 WEST AVENUE
City-State-Zip: ITHACA NY 14850

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: LUCY STEWART**REGISTERED AGENT****04/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date