## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010720

Entity Name: ENTERPRISING LATINAS, INC.

**Current Principal Place of Business:** 

5128 SR 674

WIMAUMA, FL 33598

**Current Mailing Address:** 

PO BOX 1298

WIMAUMA. FL 33598 US

FEI Number: 27-1247381 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, ELIZABETH 5128 SR 674 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

FILED Mar 08, 2018

**Secretary of State** 

CC0792328995

Officer/Director Detail:

Title P Title D

Name STEWART, LUCY Name CINTRON, ILEANA

Address 6816 32ND AVENUE, S. Address 48 HOLY FAMILY ROAD

APT. 508

City-State-Zip: TAMPA FL 33619

City-State-Zip: HOLYOKE MA 01040

Title DIRECTOR

Name LANDRY, KAREN

Address 5196 A, NORWOOD AVENUE Address 217 WEST AVENUE

City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: ITHACA NY 14850

Title DIRECTOR Title DIRECTOR

Name CHAN, JAMES Name PEREZ. DANIEL

Address 16404 CYPRESS WATER WAY Address 5401 KENNEDY BLVD.

City-State-Zip: TAMPA FL 33624 City-State-Zip: TAMPA FL 33609

Title DIRECTOR Title DIRECTOR

Name GOMEZ, PAM Name ABREU, CRISTINA

Address 9314 N EDISON AVE Address 501 BROOKER CREEK BLVD.

City-State-Zip: TAMPA FL 33612 City-State-Zip: OLDSMAR FL 34677

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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: LUCY STEWART PRESIDENT 03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SARMIENTO, JULIA

Address 2349 ROANOKE SPRINGS

City-State-Zip: RUSKIN FL 33570