

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011728

Entity Name: HAPBWA FOUNDATION, INC.

Current Principal Place of Business:

2869 DELANEY AVENUE
ORLANDO, FL 32806

Current Mailing Address:

P O BOX 2964
ORLANDO, FL 32802 US

FEI Number: 27-4369587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE SOTO-TORRES, DEISAMAR
14310 LE CHALE DRIVE
ORLANDO, FL 32837 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: DEISAMAR DE SOTO-TORRES

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name PAGAN-HILL, EVA
Address 131 NORTH ABERDEEN CIRCLE
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name SANCHEZ, MARIA JUDITH
Address 2869 DELANY AVE
City-State-Zip: ORLANDO FL 32806

Title TREASURER
Name HERNANDEZ, ZORAIDA
Address P O BOX 195155
City-State-Zip: WINTER SPRINGS FL 32719

Title SECRETARY
Name DUARTE, IMDY
Address 2869 DELANEY AVE
City-State-Zip: ORLNADO FL 32806

Title OTHER
Name EGGLEE SANTIAGO, CARILYN
Address 2869 DELANEY AVE
City-State-Zip: ORLNADO FL 32806

Title PRESIDENT
Name DE SOTO-TORRES, DEISAMAR
Address 109 N BEAUMONT AVE
City-State-Zip: KISSIMMEE FL 34741

Title OTHER
Name BELTRAN, MARITZA
Address 545 N MILLS AVE.
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SILVA ROSABAL, MARLENE
Address 2869 DELANY AVE
City-State-Zip: ORLANDO FL 32806

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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: ZORAIDA HERNANDEZ

TREASURER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GODFREY, SHEILA
Address 2869 DELANY AVE
City-State-Zip: ORLANDO FL 32806