

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011728

Entity Name: HAPBWA FOUNDATION, INC.

Current Principal Place of Business:

100 E PINE ST
SUITE 301
ORLANDO, FL 32801

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:

CABALLERO, MERCEDES
100 EAST PINE STREET
SUITE 301
ORLANDO, FL 32801 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: MERCEDES CABALLERO

02/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
Name CABALLERO, MERCEDES
Address 100 EAST PINE STREET
SUITE 301
City-State-Zip: ORLANDO FL 32801

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

Title SECRETARY
Name ORTIZ, ADOLFINA
Address 1059 SORIA AVENUE
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name RIVERA, ANGELA MARIA
Address POST OFFICE BOX 781171
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name NUNEZ, KAROL
Address 7441 BELLE RIVER COURT
City-State-Zip: WINTER PARK FL 32792

Title VP
Name VELAZQUEZ, CARMEN
Address PO BOX 2964
City-State-Zip: ORLANDO FL 32802-2964

Title DIRECTOR
Name SANCHEZ, MARIA JUDITH
Address 1645 CRACKER CREEK CT
City-State-Zip: OVIEDO FL 32765

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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: MERCEDES CABALLERO

PRESIDENT

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOPEZ-MORALES, ELSA
Address 5703 RED BUG LAKE RD #367
City-State-Zip: WINTER SPRINGS FL 32708