

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003909

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC9593782102**

**Entity Name:** LAKELAND HISPANIC HUMANITARIAN FOUNDATION, INC.

**Current Principal Place of Business:**

6950 TIFFANY OAKS DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

6950 TIFFANY OAKS DRIVE  
LAKELAND, FL 33813

**FEI Number: 46-0959783**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STANGL, ALICIA E  
6950 TIFFANY OAKS DRIVE  
LAKELAND, FL 33813 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 STANGL, ALICIA E  
Address 6950 TIFFANY OAKS DRIVE  
City-State-Zip: LAKELAND FL 33813

Title D  
Name BARA, MONIKA P  
Address 3175 HIGHLANDS BY THE LAKE WAY  
City-State-Zip: LAKELAND FL 33812

Title D  
Name YORDAN, SILVIA E  
Address 2319 HERITAGE BY THE LAKE WAY  
City-State-Zip: LAKELAND FL 33812

Title D  
Name WOOD, GRETCHEN A  
Address 3187 HIGHLANDS LAKEVIEW CIRCLE  
City-State-Zip: LAKELAND FL 33812

*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: ALICIA STANGL**

**DIRECTOR**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date