#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15575

Entity Name: INSTITUTO PATRIOTICO Y DOCENTE SAN CARLOS, INC.

**FILED** Jun 29, 2020 **Secretary of State** 9496757219CC

### **Current Principal Place of Business:**

516 DUVAL STREET KEY WEST. FL 33040

### **Current Mailing Address:**

516 DUVAL STREET KEY WEST. FL 33134 US

FEI Number: 59-2716132 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

PENALVER, RAFAEL A. 2655 LEJEUNE ROAD SUITE 508 CORAL GABLES, FL 33134 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: RAFAEL A. PENALVER 06/29/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT & DIRECTOR Title VICE-PRESIDENT FOR COMMUNITY

RELATIONS, DIRECTOR

Name PENALVER, RAFAEL A Name FERNANDEZ, GEORGE

Address 516 DUVAL STREET Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title TREASURER AND CHIEF FINANCIAL

**OFFICER** 

Title VICE PRESIDENT FOR FUNDRAISING

AND DEVELOPMENT, DIRECTOR

DIRECTOR, STATE REPRESENTATIVE

Name FARALDO, MONICA Name SPOTTSWOOD, ELENA Address 516 DUVAL STREET Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040 KEY WEST FL 33040 City-State-Zip:

Title VICE PRESIDENT FOR CULTURAL

AFFAIRS, DIRECTOR

RASCHEIN, HOLLY MERRILL Name PASCUAL, ALEJANDRO

Title

Name Address 516 DUVAL STREET Address

516 DUVAL STREET KEY WEST FL 33040 City-State-Zip: City-State-Zip: KEY WEST FL 33040

Title **DIRECTOR EMERITUS** Title SECRETARY AND DIRECTOR Name FARALDO, NORMA Name ARTEAGA, DIANA 516 DUVAL STREET Address Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040 KEY WEST FL 33040 City-State-Zip:

#### Continues on page 2

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.

06/29/2020 SIGNATURE: RAFAEL PENALVER **DIRECTOR** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR AND SECRETARY FOR KEYS'

HISTORY EDUCATIONAL DEVELOPMENT

Name EDGAR, BARBARA Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040

Title DIRECTOR AND SECRETARY FOR SALES TAX

COMPLIANCE

Name NILES, GILDA

Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040

Title DIRECTOR EMERITUS

Name ESTORINO, JULIO

Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040

Title DIRECTOR AND SECRETARY FOR

PHYSICAL FACILITIES DEVELOPMENT

JIMENEZ, OSCAR

Address 516 DUVAL STREET

Name

City-State-Zip: KEY WEST FL 33040

Title DIRECTOR EMERITUS

Name WHITMARSH, ROSA LEONOR

Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040