#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15575

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

FILED
Apr 19, 2021
Secretary of State
0084651668CC

## **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: Yes

## 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 04/19/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Name

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, CHIEF FINANCIAL

OFFICER AND DIRECTOR

Title

VICE PRESIDENT FOR FUNDRAISING

FARALDO, MONICA

AND DEVELOPMENT, DIRECTOR

Address 516 DUVAL STREET Address 516 DUVAL STREET

Name SPOTTSWOOD, ELENA
Address 516 DUVAL STREET

City-State-Zip: KEY WEST FL 33040

City-State-Zip: KEY WEST FL 33040

Title VICE PRESIDENT FOR CULTURAL

AFFAIRS, DIRECTOR

Title

DIRECTOR, STATE REPRESENTATIVE

Name PASCUAL, ALEJANDRO Name MOONEY, JAMES VERNON JR.

Address 516 DUVAL STREET Address 516 DUVAL STREET

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

Title SECRETARY AND DIRECTOR Title DIRECTOR

NameARTEAGA, DIANANameFARALDO, NORMAAddress516 DUVAL STREETAddress516 DUVAL STREETCity-State-Zip:KEY WEST FL 33040City-State-Zip:KEY WEST FL 33040

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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: RAFAEL A. PENALVER PRESIDENT AND 04/19/2021 DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

NILES, GILDA

DIRECTOR

City-State-Zip: KEY WEST FL 33040

ESTORINO, JULIO

516 DUVAL STREET

Name

Name

Title

Name

Address

Title DIRECTOR AND SECRETARY FOR KEYS'

HISTORY EDUCATIONAL DEVELOPMENT

**DEVELOPMENT** 

Title

Name

DIRECTOR AND SECRETARY FOR

WHITMARSH, ROSA LEONOR

PHYSICAL FACILITIES

EDGAR, BARBARA Name JIMENEZ, OSCAR

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

City-State-Zip: KEY WEST FL 33040 Title DIRECTOR AND SECRETARY FOR SALES TAX

Title **DIRECTOR** COMPLIANCE

516 DUVAL STREET Address Address 516 DUVAL STREET

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