

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

DOCUMENT# N20000012258

**Entity Name:** HISPANIC COUNCIL OF THE BLIND, INC.

**Current Principal Place of Business:**

2450 YELLOW BRICK ROAD  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

2450 YELLOW BRICK ROAD  
SAINT CLOUD, FL 34772 US

**FEI Number: 85-3813928**

**Certificate of Status Desired: No**

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

RAMOS, DIEGO A  
2450 YELLOW BRICK ROAD  
SAINT CLOUD, FL 34772 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 P  
Name SAAVEDRA, MARIA FERNANDA  
Address 10415 JUTLAND COURT  
City-State-Zip: ORLANDO FL 32821

Title S  
Name RAMOS, DIEGO A  
Address 2450 YELLOW BRICK ROAD  
City-State-Zip: SAINT CLOUD FL 34772

Title T  
Name GUILLERMO, BAEZ  
Address 6844 EBANS BEND  
City-State-Zip: ORLANDO FL 32807

Title MS  
Name LOPEZ, ANGEL  
Address 595 W. CHURCH STREET  
APARTMENT 203  
City-State-Zip: ORLANDO FL 32805

Title VP  
Name SOMAZA, NANCY  
Address 439 CHICAGO WOODS CIRCLE  
City-State-Zip: ORLANDO FL 32824

*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: DIEGO A. RAMOS**

**SECRETARY**

**02/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date