

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50169

**Entity Name:** THE GUATEMALAN-MAYA CENTER, INC.**Current Principal Place of Business:**430 NORTH G STREET  
LAKE WORTH, FL 33460**Current Mailing Address:**430 NORTH G STREET  
LAKE WORTH, FL 33460 US**FEI Number:** 65-0355018**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**O'LOUGHLIN, FRANK  
1349 CERTOSA AVE  
CORAL GABLES, FL 33146 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:** FRANK O'LOUGHLIN

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name O'LOUGHLIN, FRANK FATHER  
Address 1439 CERTOSA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title CHAIRMAN OF THE BOARD  
Name CARRASCO, GUILLERMO  
Address 4075 LAUREL WOODS LANE  
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER  
Name ANNE, ALBANESE  
Address 5638 DELACROX TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name DELEON, SINDY  
Address 2112 S. CONGRESS AVE  
City-State-Zip: PALM SPRINGS FL 33406

Title DIRECTOR  
Name KUNZMAN, GEORGE  
Address 9449 BOCA COVE CIRCLE  
911  
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR  
Name BAEZ, NELSON  
Address 515 NORTH FLAGLER DR.  
10TH FLOOR  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name PIVA, MARIA  
Address 1805 PONCE DE LEON BLVD #400  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DE LA RIVA, LIAN  
Address 9130 SOUTH DADELAND BLVD #1800  
City-State-Zip: MIAMI FL 33156

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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:** MARIANA BLANCO**ASSISTANT EXECUTIVE  
DIRECTOR**

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	EXECUTIVE ASSISTANT
Name	BLANCO, MARIANA
Address	430 NORTH G STREET
City-State-Zip:	LAKE WORTH FL 33460