

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003137

FILED
Feb 03, 2020
Secretary of State
8022338344CC

Entity Name: NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH, INCORPORATED

Current Principal Place of Business:

50 BROAD STREET, SUITE 1937
NEW YORK, NY 10004

Current Mailing Address:

50 BROAD STREET, SUITE 1937
NEW YORK, NY 10004

FEI Number: 52-1891734

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 PRESIDENT
Name PEREZ, MARIA ELENA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title TREASURER
Name LEO, NORALISA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title VP
Name GONZALEZ, VANESSA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title SECRETARY, DIRECTOR
Name FALCON, ANA LAURA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title CHAIRMAN
Name MONTANO, GLORIA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title SENIOR DIRECTOR OF OPERATIONS
AND FINANCE
Name GARCIA, MELISSA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name MCKINNEY, ROXANA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name AGUILAR, CRISTINA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

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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: MELISSA GARCIA

SENIOR DIRECTOR OF
OPERATIONS AND
FINANCE

02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSE, ALEXANDRA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name RODRIGUEZ, KAT
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name RODRIGUEZ, MONICA RUSSELL Y
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004