

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003137

FILED
Mar 08, 2016
Secretary of State
CC0714317486

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: Yes

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 DIRECTOR
Name LOPEZ, DESTINY
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title VC/D
Name DONOSO, RAQUEL F
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title D/T
Name HOOTON, ANGELA
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title D/S
Name BARRIENTOS ORTIZ, CHARLENE
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title D
Name FERG-CADIMA, JAMES
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title D
Name ESQUIVEL, LAURA M
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004

Title CHAIRMAN
Name GUTIERREZ, YVONNE
Address 50 BROAD STREET
SUITE 1937
City-State-Zip: NEW YORK NY 10014

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

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.

SIGNATURE: STEVEN A. TOLEDO

DEPUTY DIRECTOR

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title OTHER
Name TOLEDO, STEVEN A
Address 50 BROAD STREET, SUITE 1937
City-State-Zip: NEW YORK NY 10004