

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90107 025 ****61.25

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DOCUMENT # 740742

1. Corporation Name

ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.

Principal Place of Business
7651 VALENCIA COLLEGE LANE
ORLANDO FL

Mailing Address
P.O. BOX 720095
ORLANDO FL 32872-0065



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/09/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1879638

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, LUIS F
1500 S SEMORAN BLVD
ORLANDO FL 32807

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME COLON, ROSIE
STREET ADDRESS 327 MADEIRA AVE
CITY-ST-ZIP ORLANDO FL 32825 ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Aida Frets
1.3 STREET ADDRESS 1279 Shelter Rock Rd.
1.4 CITY-ST-ZIP Orlando, FL 32835

TITLE PD
NAME FRANCESCHINI, BETSY
STREET ADDRESS 1014 LONG BRACH LN
CITY-ST-ZIP OVIEDO FL 32765 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 920 Kerwood Court.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME HILDA, LUGO
STREET ADDRESS 1220 DINGENS AVE
CITY-ST-ZIP GOTH A FL 34734 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD
NAME CASTRO, MANUEL
STREET ADDRESS 1439 WATERVIEW DR
CITY-ST-ZIP DELTONA FL 32738 ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME STD
4.3 STREET ADDRESS Pedro CRXZ
4.4 CITY-ST-ZIP 8604 Ridge Walk Court
Orlando, FL 32810

TITLE D
NAME GOMEZ, HAYDEE R
STREET ADDRESS 9233 PALOS VERDE DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 298-5808 H.
2-10-99 (407) 277-2029

Date

Daytime Phone #

CR2E037 (11/98)