

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000718**

1. Entity Name  
**ASOCIACION DEL INSTITUTO DE LENGUA ESPANOLA,  
INC.**



Principal Place of Business

**DE LA MARGARITA 100MTS SUR  
SAN FRANCISCO DE DOS RIOS  
SAN JOSE COSTA RICO, O C OC**

Mailing Address

**APDO.100-2350  
SAN FRANCISCO DE DOS RIOS  
SAN JOSE, COSTA RICA, OC**



07072006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**35-2196450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZIRENA, R. GLADYS  
5465 NW 36TH STREET  
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

U000000573192

08/02/06-80076-011 61.25

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
COLLIER, PAUL  
SAN FCO DE DOS RIOS  
SAN JOSE, COSTA RICA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
CEVALLOS, ESTHELA  
HOSPITAL CLINICA BIBLICA  
SAN JOSE, COSTA RICA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
ARTHUR, CARL  
B EL FARO SAN FRANCISCO DE DOS RIOS  
SAN JOSE, COSTA RICA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
DUARTE, NERY  
SAN ISIDRO  
HEREDIA, COSTA RICA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
GRUMBLES, PAMELA  
SAN FCO DE DOS RIOS  
SAN JOSE, COSTA RICA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**M  
CHAMBERLAIN, JULIE A  
B LINCOLN SAN FCO 2 RIOS  
SAN JOSE, COSTA RICA,**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Julie Ann Chamberlain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #