

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90167 026 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COLLIER, PAUL**
STREET ADDRESS **SAN FCO DE DAS RIOS**
CITY - ST - ZIP **SAN JOSE, COSTA RICA,**

TITLE **VD** ☐ Delete
NAME **CEVALLOS, ESTHELA**
STREET ADDRESS **HOSPITAL CLINICA BIBLICA**
CITY - ST - ZIP **SAN JOSE, COSTA RICA,**

TITLE **SD** ☐ Delete
NAME **ARTHUR, CARL**
STREET ADDRESS **B EL FARO SAN FRANCISCO DE DOS RIOS**
CITY - ST - ZIP **SAN JOSE, COSTA RICA,**

TITLE **TD** ☐ Delete
NAME **DUARTE, NERY**
STREET ADDRESS **SAN ISIDRO**
CITY - ST - ZIP **HEREDIA, COSTA RICA,**

TITLE **D** ☐ Delete
NAME **~~GRUMBLES, PAMELA~~**
STREET ADDRESS **SAN FCO DE DAS RIOS**
CITY - ST - ZIP **SAN JOSE, COSTA RICA,**

TITLE **M** ☐ Delete
NAME **CHAMBERLAIN, JULIE A**
STREET ADDRESS **B LINCOLN SAN FCO 2 RIOS**
CITY - ST - ZIP **SAN JOSE, COSTA RICA,**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **WRIGHT, SUSAN**
STREET ADDRESS **{ same }**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

March 27, 2007
Date

*011-508-
227-7366*
Daytime Phone #