

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000143

1. Entity Name  
HISPANIC ORGANIZATION FOR PROGRESS AND  
EMPOWERMENT, INC.



Principal Place of Business

3501 NE 10TH ST  
SUITE 114  
OCALA, FL 34470

Mailing Address

P.O. BOX 6238  
OCALA, FL 34478-6238

FILED

04 JAN 26 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3619335

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROSA, MILAGROS E  
9140 SE 107 PLACE  
BELLEVIEW, FL 34420

**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)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CANELON, EDUARDO
STREET ADDRESS	2422 SW 20TH CT
CITY-ST-ZIP	OCALA, FL 34479
TITLE	VT
NAME	LANZA-HUBER, MAGDA
STREET ADDRESS	3501 NE 10TH STREET, SUITE 114
CITY-ST-ZIP	OCALA, FL 34470
TITLE	ST
NAME	ROSA, MILAGROS
STREET ADDRESS	9140 SE 107 PLACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	TT
NAME	ALVA, LUIS
STREET ADDRESS	3421 NE 2ND ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	DRUET, CARLOS
STREET ADDRESS	461 SPRING LANE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	T
NAME	PAZMIN, FAUSTO
STREET ADDRESS	2223 NE 2ND ST
CITY-ST-ZIP	OCALA, FL 34470

600027628416  
01/26/04--01097--004 \*\*\$61.25

600027628416  
01/26/04--01097--005 \*\*\$8.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: *Eduardo Canelon* EDUARDO CANELON - PRESIDENT

1/22/04

(352) 861-2891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #