2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State
01-07-2005 90019 041 ****70.00

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

Principal Place of Business	Mailing Address
3501 NE 10TH ST SUITE 114 OCALA, FL 34470	P.O. BOX 6238 OCALA, FL 34478-6238

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1107 Silver Springs Blvd.	P.O. Box 6238
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.
City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip 34470 Country MARION	Zip 34478-6238 Country MARION

4. FEI Number 59-3619335 ☐ 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
ROSA, MILAGROS E 9140 SE 107 PLACE BELLEVIEW, FL 34420	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 Milagros Rosa 01/03/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PT	VT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LANZA-HUBER, MAGDA		NAME		
STREET ADDRESS	3501 NE 10TH STREET, SUITE 114		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE ST	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSA, MILAGROS		NAME		
STREET ADDRESS	9140 SE 107 PLACE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE TT	TT	☐ Delete	TITLE		☐ Change ☑ Addition
NAME	ALVA, LUIS		NAME		
STREET ADDRESS	3421 SE 36 St.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE VPT	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DRUET, CARLOS		NAME		
STREET ADDRESS	461 SPRING LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PAZMIN, FAUSTO		NAME		
STREET ADDRESS	2223 NE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 11/3/05 (352) 629-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #