2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N00000000143

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

Current Principal Place of Business:

1107 SILVER SPRINGS BLVD
2
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6238
OCALA, FL 344786238

New Mailing Address:

FEI Number: 59-3619335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: LANZA-HUBER, MAGDA
Address: 3501 NE 10TH STREET, SUITE 114
City-St-Zip: OCALA, FL 34470

Title: ST ( ) Delete
Name: ROSA, MILAGROS
Address: 9140 SE 107 PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: TT ( ) Delete
Name: ALVA, LUIS
Address: 3421 NE 2ND ST.
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: PAZMIN, FAUSTO
Address: 2223 NE 2ND ST
City-St-Zip: OCALA, FL 34470

Title: TT ( ) Delete
Name: WIKSTROM, MARTHA
Address: 4504 SE 14TH ST
City-St-Zip: OCALA, FL 34471

Title: VPT (X) Delete
Name: OLARTE, LUIS
Address: 3040 SE 160TH LN RD
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: LANZA-HUBER, MAGDA
Address: 1107 E. SILVER SPRINGS BLVD. SUITE 2
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change ( ) Addition
Name: BLAINE, ROSA
Address: P.O. BOX 490
City-St-Zip: OCALA, FL 34478

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDA LANZA-HUBER PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date