

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002604

FILED
Feb 16, 2005
Secretary of State

Entity Name: HISPANIC ALLIANCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

7865 ROCK PORT CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

4172 KENT AVE.
LAKE WORTH, FL 33461

Current Mailing Address:

PO BOX 19861
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0981399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABEL, DATENA
4172 KENT AVE
LAKE WORTH, FL 33461 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: VP () Delete
Name: BAEZ, SILVIA
Address: PO BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S () Delete
Name: BARRIS, NATALY
Address: PO BOX 19861/8761 PLACID TERR
City-St-Zip: WEST PALM BEACH, FL 33416

Title: T () Delete
Name: ALCERRO, JOSE
Address: PO BOX 19861
City-St-Zip: WEST PALM BEACH, FL 33416

Title: VT () Delete
Name: LOPEZ, JORGE
Address: 1263 MILITARY
City-St-Zip: WEST PALM BEACH, FL 33416

Title: VS () Delete
Name: NEGRETTE, ANTONIA
Address: PO BOX 19861/3508 CREESEAPEAKE CIR
City-St-Zip: WEST PALM BEACH, FL 33416

Title: PR () Delete
Name: ALMANSHY, LNISA
Address: PO BOX 19861 / 510 LAKE FL #162
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: MABEL DATENA

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

Date