

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 020 *****75.00

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1. Entity Name

LATINAMERICAN FAMILY HOME CHILD CARE PROVIDERS & CENTERS ASSOCIATION, INC.



Principal Place of Business

6047 POINTE PLEASANT BLVD
FL 33544-4383
US

Mailing Address

P.O. BOX 26945
TAMPA FL 33623-6945
US

2. Principal Place of Business

6047 - Pointe Pleasant Blvd

3. Mailing Address

P.O. Box 26945

Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State

Wesley Chapel, Florida

Zip

33544-4383

Country

FL 33544

City & State

Tampa, Florida

Zip

33623-6945

Country

Hillsborough

4. FEI Number

59-3641587

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOLSOM, LUZ N
6047 POINTE PLEASANT BLVD
FL 33544
Wesley Chapel, Florida

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing

☒ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FOLSOM, LUZ N	6047 POINTE PLEASANT BLVD	FL 33544	<input type="checkbox"/>
SD	ALANIZ, ERNESTINA	5201 GUADALUPE BLVD	WIMAUMA FL 33598	<input type="checkbox"/>
T	OCASIO, MIGUELINA	10273 BRANDY HILLS COURT	TAMPA FL 33615	<input type="checkbox"/>
VP	DONIS, ZAIDA	5460 FULMAR DRIVE	TAMPA FL 33625	<input type="checkbox"/>
C	VITERI, FLOR M	2711 GULF BLVD	BELLEAIR BEACH FL 33786	<input type="checkbox"/>
C	RODRIGUEZ, VIRGINIA P.	1526 N. RIVERHILL DRIVE	TAMPA FL 33617	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **LUZ N. Folsom** **LUZ N. Folsom** **02/28/05** **(813) 907-6578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #