


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90062 019 \*\*\*\*61.25

<b>DOCUMENT # N00000003693</b> 1. Entity Name <b>THE OSCAR ARIAS SANCHEZ HISPANIC HONOR SOCIETY (O.A.S.H.S.), INC.</b>					
Principal Place of Business <b>FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>			Mailing Address <b>FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3651246</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAUGHLIN, KAREN L PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FALLS, CLAUDIA		NAME	Edlin Mannapperuma	
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER		STREET ADDRESS	FSU-A3300 University Center	
CITY-ST-ZIP	TALLAHASSEE, FL 323032460		CITY-ST-ZIP	Tallahassee, FL 32303-2460	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARCIA-WEISS, MARTHA		NAME	Ricardo Rivera	
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER		STREET ADDRESS	FSU-A3300 University Center	
CITY-ST-ZIP	TALLAHASSEE, FL 323062460		CITY-ST-ZIP	Tallahassee, FL 32303-2460	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LATINO, ARACELLY		NAME	Cydia Matos	
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER		STREET ADDRESS	FSU-A3300 University Center	
CITY-ST-ZIP	TALLAHASSEE, FL 323062460		CITY-ST-ZIP	Tallahassee, FL 32303-2460	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUGHLIN, KAREN L PH.D		NAME		
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323062460		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACKLEY, SANDRA W DR		NAME		
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323062460		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, ANGELA		NAME		
STREET ADDRESS	FSU-A5300 UNIVERSITY CENTER		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323032450		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.					
<b>SIGNATURE: <u>Karen L. Laughlin</u> KAREN L. LAUGHLIN 7/18/05 850-144-2740</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50059632**



07052005 Chg-NP CR2E037 (10/03)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

ATTACHMENT  
# N00000003693  
50059632

June 8, 2000

SANDRA RACKLEY, PH.D  
FLORIDA STATE UNIVERSITY UNDERGRADUATE  
DEAN'S OFFICE A3300 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306-2460

The Articles of Incorporation for THE OSCAR ARIAS SANCHEZ HISPANIC HONOR SOCIETY (O.A.S.H.S.), INC. were filed on June 8, 2000 and assigned document number N00000003693. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Tracy Smith, Document Specialist  
New Filing Section

Letter Number: 800A00032625