

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003693

1. Entity Name
**THE OSCAR ARIAS SANCHEZ HISPANIC HONOR
SOCIETY (O.A.S.H.S.), INC.**



Principal Place of Business

**FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

Mailing Address

**FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**



01182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3651246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAUGHLIN, KAREN L PH.D
FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANNAPPERUMA, EDLIN
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	VP
NAME	RIVERA, RICARDO
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	S
NAME	MATOS, CYDIA
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	D
NAME	LAUGHLIN, KAREN L PH.D
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER
CITY-STATE-ZIP	TALLAHASSEE, FL 323062460

TITLE	D
NAME	RICHARDSON, ANGELA
STREET ADDRESS	FSU-A5300 UNIVERSITY CENTER
CITY-STATE-ZIP	TALLAHASSEE, FL 323032450

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/02/06-80024-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karen L. Laughlin KAREN L. LAUGHLIN

1/30/06

850-644-2740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #