

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 050 ****61.25

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
--	--

40044801



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162007 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent	
LAUGHLIN, KAREN L PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANNAPPERUMA, EDLIN			NAME	Bautista, Joshua		
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER			STREET ADDRESS	FSU-A3300 University Center		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVERA, RICARDO			NAME	LeFranc, Noemi		
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER			STREET ADDRESS	FSU-A3300 University Center		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATOS, CYDIA			NAME	Strader, Cristina		
STREET ADDRESS	FSU-A3300 UNIVERSITY CENTER			STREET ADDRESS	FSU-A3300 University Center		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	Tallahassee, FL 32303		
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 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			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 3/1/07 850-644-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #