

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90168 001 ***122.50

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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**

66005273



03112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3651246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P BAUTISTA, JOSHUA FSU-A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEFRANC, NOEMI FSU-A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRADER, CRISTINA FSU-A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, KAREN L PH.D FSU-A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323062460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ANGELA FSU-A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nalleli DeJesus FSU-A3300 University Center Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sebastian Tello FSU-A3300 University Center Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

Daytime Phone #