

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007805

FILED
Apr 27, 2005
Secretary of State

Entity Name: LOS FLORIDANOS SOCIETY, INC., FLORIDA'S FIRST SPANISH FAMILIES, 1565-1763

Current Principal Place of Business:

2595 CR 208
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4043
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOLES, JOSEPH L JR.
120 CHARLOTTE STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, LINDA
Address: POST OFFICE BOX 2136
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D () Delete
Name: USINA, CHARLES R
Address: POST OFFICE BOX 162
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D () Delete
Name: BAILEY, JUDY
Address: 3981 VAIRPOINT TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: ROUSSEAU, RICHARD
Address: 3817 MAGNOLIA POINT LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: HUGAS, MARIO
Address: 616 ANDREWS AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BROWN

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date