

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007805

FILED
Apr 09, 2009
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 1891
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: VP/D () Delete
Name: ROGERO, TOM
Address: 34 FORSYTHE LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SOLANA, WAYNE
Address: 245 WISTERIA ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

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

Title: T/D () Delete
Name: SCHENCK, ANITA
Address: 11 PALM ROW
City-St-Zip: ST. AUGUSTINE, FL 32084

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANITA SCHENCK

T/D

04/09/2009

Electronic Signature of Signing Officer or Director

Date