

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007805

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3817 MAGNOLIA POINT LANE  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO 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  
Name: ROGERO, TOM  
Address: 34 FORSYTHE LANE  
City-St-Zip: PALM COAST, FL 32137

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA SCHENCK

TREA

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date