

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90015 010 \*\*\*\*61.25

<b>DOCUMENT # N01000000825</b>					
<b>1. Entity Name</b> THE FLORIDA ASSOCIATION OF HISPANIC SCHOOL ADMINISTRATORS, INC.					
<b>Principal Place of Business</b> ENGLEWOOD ELEM ORLANDO, FL 32807			<b>Mailing Address</b> 900 ENGEL DR ORLANDO, FL 32819		
<b>2. Principal Place of Business</b> Tildenville Elem		<b>3. Mailing Address</b> 1221 Brick Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Winter Garden, FL		<b>City &amp; State</b> Winter Garden, FL		<b>4. FEI Number</b> 59-3671730	
<b>Zip</b> 34787		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> WARNER, SONIA B DR. 1221 BRICK RD WINTER GARDEN, FL 34787		<b>7. Name and Address of New Registered Agent</b>			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City			
FL		Zip Code			
<b>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.</b>					
<b>SIGNATURE</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
DATE					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> DP	<input type="checkbox"/> Delete				
<b>NAME</b> WARNER, SONIA B					
<b>STREET ADDRESS</b> 9215 PALOS VERDE DR					
<b>CITY-ST-ZIP</b> ORLANDO, FL 32825					
<b>TITLE</b> DS	<input type="checkbox"/> Delete				
<b>NAME</b> VEGA, MARGARITA					
<b>STREET ADDRESS</b> 414 SEVILLE AVE.					
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714					
<b>TITLE</b> DP	<input checked="" type="checkbox"/> Delete				
<b>NAME</b> AGUIRE, OSCAR					
<b>STREET ADDRESS</b> 2645 CEDAR BUFF LN.					
<b>CITY-ST-ZIP</b> OCOEE, FL 34761					
<b>TITLE</b> DT	<input type="checkbox"/> Delete				
<b>NAME</b> RIVERA, ROLANDO					
<b>STREET ADDRESS</b> 1911 CHATHA MOOR DR					
<b>CITY-ST-ZIP</b> ORLANDO, FL 328356190					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> DV					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> DP					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>NAME</b> DT					
<b>STREET ADDRESS</b> Jose Colon					
<b>CITY-ST-ZIP</b> 845 Leopard Tr. Winter Springs, FL 32708					
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Sonia B Warner</i> Sonia B. Warner					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 8/4/04 Daytime Phone #: 407-877-8180					

24073440



08042004 Chg-NP CR2E037 (10/03)