


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0100000825**  
 1. Entity Name  
**THE FLORIDA ASSOCIATION OF HISPANIC SCHOOL ADMINISTRATORS, INC.**



Principal Place of Business <b>TILDENVILLE ELEM WINTER GARDEN, FL 34787</b>	Mailing Address <b>1221 BRICK RD WINTER GARDEN, FL 34787</b>
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3671730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WARNER, SONIA B DR.  
 1221 BRICK RD  
 WINTER GARDEN, FL 34787**

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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 *Sonia B Warner* *Sonia B Warner* *3-21-05*  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARNER, SONIA B 8215 PALOS VERDE DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VEGA, MARGARITA 414 SEVILLE AVE. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, ROLANDO 1911 CHATHA MOOR DR ORLANDO, FL 328356190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLON, JOSE 845 LEOPARD TR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/21/05-80038-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sonia B Warner* *3-21-05* *407-877-8180*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #