

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001246

FILED
Apr 10, 2004
Secretary of State

Entity Name: CUBAN-AMERICAN ASSOCIATION OF PENSACOLA INCORPORATED

Current Principal Place of Business:

662 WOODBINE RD
PENSACOLA, FL 325031485

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 30485
PENSACOLA, FL 325031485

New Mailing Address:

FEI Number: 65-1096356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, ZEIDA
662 WOODBINE DRIVE
PENSACOLA, FL 325033242 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: P () Delete
Name: WARD, ZEIDA M
Address: 662 WOODBINE DR.
City-St-Zip: PENSACOLA, FL 325033242

Title: VP () Delete
Name: ZAYAS, JOSE
Address: 5985 KEYSTONE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: DEL TORO, JORGE
Address: 2821 INVERNESS CT.
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: FILLMORE, MAYRA
Address: 2540 SOUTHERN OAK
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: CUZAN, ALFRED
Address: 4196 CAPRI DR
City-St-Zip: PRNSACOLA, FL 32504

Title: D () Delete
Name: MACHADO, SILVIA
Address: 2305 MALYSA PL
City-St-Zip: PENSACOLA, FL 32504

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:

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: ZEIDA M. WARD

P

04/10/2004

Electronic Signature of Signing Officer or Director

Date