

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01431

FILED
Mar 21, 2009
Secretary of State

Entity Name: LATIN AMERICAN CIVIC AND CULTURAL ASSOCIATION, SPRING HILL, FL, INC.

Current Principal Place of Business:

6251 ALDERWOOD STREET
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3004
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-3074263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA ROSA, NOEMI
6251 ALDERWOOD STREET
SPRING HILL, FL 34606 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: PD () Delete
Name: DE LA ROSA, NOEMI
Address: 6251 ALDERWOOD STREET
City-St-Zip: SPRING HILL, FL 34606 US

Title: VPD () Delete
Name: GEIGEL, KENNETH
Address: 18926 GRAND CLUB DRIVE
City-St-Zip: HUDSON, FL 34667 US

Title: SD () Delete
Name: SHANNON, CARMEN
Address: 8324 BARKELEY MANO ROAD
City-St-Zip: SPRING HILL, FL 34606 US

Title: TD () Delete
Name: SOTO, EDWIN
Address: 9223 LONG LAKE AVE
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: EDDIE, BURGOS
Address: 8532 BOYCE ST
City-St-Zip: SPRING HILL, FL 34608 US

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: EDWIN D SOTO

TREA

03/21/2009

Electronic Signature of Signing Officer or Director

Date