

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

DOCUMENT# N01431

**FILED**  
**Feb 07, 2011**  
**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  
Name: DE LA ROSA, NOEMI  
Address: 6251 ALDERWOOD STREET  
City-St-Zip: SPRING HILL, FL 34606 US

Title: VPD  
Name: CARMEN, SHANNON  
Address: 8324 BERKELEY MANOR DR  
City-St-Zip: SPRING HILL, FL 34609 US

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

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

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: NOEMI DE LA ROSA

PRES

02/07/2011

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

\_\_\_\_\_  
Date