

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90184 005 ****61.25

14004600



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0602962 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERDEQUER, PEDRO F
9943 SPRING LAKE DR.
CLERMONT, FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VELAZQUEZ, WILMA ☐ Delete
STREET ADDRESS P. O. BOX 617008
CITY-ST-ZIP ORLANDO, FL 32861

TITLE V
NAME RIVERA, EDWIN F ☐ Delete
STREET ADDRESS P.O. BOX 617008
CITY-ST-ZIP ORLANDO, FL 328617008

TITLE STD
NAME BERDEGUER, PEDRO F ☐ Delete
STREET ADDRESS P. O. BOX 617008
CITY-ST-ZIP ORLANDO, FL 32861

TITLE S
NAME RIVERA, MARIA M ☒ Delete
STREET ADDRESS P.O. BOX 617008
CITY-ST-ZIP ORLANDO, FL 328617008

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

WILMA VELAZQUEZ *Wilma Velazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/05 (352) 243-3740

Date Daytime Phone #