

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003728

FILED
Aug 31, 2005
Secretary of State

Entity Name: NAPLES HISPANIC CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2740 BAYSHORE DR
UNIT 5
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2740 BAYSHORE DR
UNIT 5
NAPLES, FL 34112

New Mailing Address:

FEI Number: 61-1428158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAXWELL, VALAREE
2740 BAYSHORE DRIVE
UNIT 5
NAPLES, FL 34112 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: CB () Delete
Name: FINIZIO, PAUL G
Address: 106 SE 9TH ST
City-St-Zip: FT LAUDERDALE, FL 33316

Title: P () Delete
Name: MAXWELL, VALAREE
Address: 2740 BAYSHORE DR, UNIT 5
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BOTANA, MARIA
Address: 4649 9TH ST N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CB (X) Change () Addition
Name: MAXWELL, VALAREE
Address: 2740 BAYSHORE DRIVE UNIT 5
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change () Addition
Name: FINIZIO, PAUL G
Address: 106 SE 9TH ST
City-St-Zip: FT LAUDERDALE, FL 33316

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: VALAREE MAXWELL

CB

08/31/2005

Electronic Signature of Signing Officer or Director

Date