## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004745

Entity Name: HISPANIC FOUNDATIONS, INC.

LEAVENS, ROBERT JR

135 DANUBE RD STE 8

TAMPA, FL 33606

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3601 E. TAMPA CIRCLE STE W TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 3601 E. TAMPA CIRCLE STE W TAMPA, FL 33629 FEI Number: 02-0620841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POHLMEYER, DONALD V 3601 E. TAMPA CIRCLE TAMPA, FL 33629 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete POHLMEYER, SOFIA C Name: Name: 3601 E. TAMPA CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: POHLMEYER, DONALD V Name: Address: 3601 E. TAMPA CIRCLE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition CASTANON, FRANCES Name: GARCIA, ENRIQUE Name: 3601 E. TAMPA CIRCLE Address: Address: 3601 E. TAMPA CIRCLE City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 ( ) Delete Title: Title: () Change () Addition Name: WOLK, BERYL Name: 261 OLD YORK RD Address: Address: City-St-Zip: JENKINTOWN, PA 19046 City-St-Zip: Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD V. POHLMEYER STD 04/30/2004