


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90237 029 \*\*\*\*70.00

<b>DOCUMENT # N02000005282</b>					
<b>1. Entity Name</b> LATINO COMMUNITY COALITION OF FLORIDA, INC.					
<b>Principal Place of Business</b> POST OFFICE BOX 173025 TAMPA, FL 33672-1025			<b>Mailing Address</b> POST OFFICE BOX 173025 TAMPA, FL 33672-1025		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
<b>4. FEI Number</b> 05-0571029				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
QUINTANA, MICHAEL 7435 OAK VISTA CIRCLE TAMPA, FL 33634				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MICHAEL			NAME	
STREET ADDRESS	7435 OAK VISTA CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARIA M			NAME	
STREET ADDRESS	120 ARKWRIGHT DR E			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILS, MARIA			NAME	Chils, Maria
STREET ADDRESS	2706 W. LORRAINE AVENUE			STREET ADDRESS	3301 Lake Avenue
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP	Plant City, FL 33563
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employment.</b>					
<b>SIGNATURE:</b> Maria M. Fernandez <i>Maria M. Fernandez</i>				05/09/06 813/274-5704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 40090563  
102000005282  
LATINO COMMUNITY COALITION



OF FLORIDA, INC.

May 9, 2006

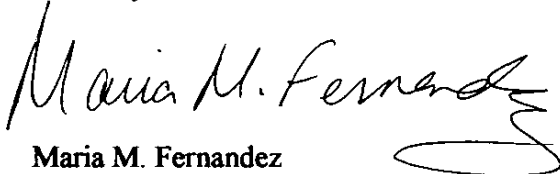
Florida Department of State  
Division of Corporations  
P.O. Box #1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Attached please find our 2006 Not-For-Profit Corporation Annual Report Form.  
Enclosed is \$61.25 to cover the filing fees and \$8.75 for a Certificate of Status, total  
amount of check is \$70.00.

If you have any questions or problems please feel free to call me at 813/274-5704.

Sincerely,



Maria M. Fernandez  
Vice-President  
120 Arkwright Drive  
Tampa, FL 33613

cc: Michael Quintana, LCC President