FILED
Jun 24, 2003 8:00 am
Secretary of State

05-12-2003 90209 029 ****70.00

5/12/2

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006453 (L)

1. Entity Name
Hispanic-American Association of the Panthandle, Inc

DO NOT WRITE IN THIS SPACE

55049735

2. Principal Place of Business	3. Mailing Address
1020 W. 19th St	1025 W. 19th St. 14C
Suite, Apt. #, etc. Apt. 14C	Suite, Apt. #, etc.
City & State: Panama City, Fl	City & State: Panama City, Fl
Zip: 32405 Country: Bay	Zip: 32405 Country: Bay

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0785161. — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Alma Sanders
Street Address (P.O. Box Number is Not Acceptable): 1020 W. 19th St. 14C
City: Panama City, Fl
FL Zip Code: 32405

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: Alma Sanders — Alma Sanders — 5/8/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FEE IS $61.25 — Initial or Amended UBR

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	President
NAME	Iris Sanchez
STREET ADDRESS	8322 Klondyke Rd.
CITY-ST-ZIP	Youngstown, Fl 32466
TITLE	Treasurer
NAME	Alfonso Tuzinkiewiz — D
STREET ADDRESS	2204 W. 24th St.
CITY-ST-ZIP	Panama City, Fl 32405
TITLE	Secretary
NAME	Rosa Taylor — D
STREET ADDRESS	624 Driftwood
CITY-ST-ZIP	Panama City, Fl 32444
TITLE	Director - Reg. Agent - Founder
NAME	Alma Sanders D
STREET ADDRESS	1025 W. 19th St. 14C
CITY-ST-ZIP	Panama City, Fl 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037S (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alma Sanders - Alma Sanders — 5/8/2003 — (850-914-0775)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #