


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009293	
1. Entity Name FUNDACION NATIVA, INC.	

Principal Place of Business 1409 NE 22 AVE OCALA, FL 34470	Mailing Address 1409 NE 22 AVE OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE



07042005 No Chg-NP CR2E037 (10/03)

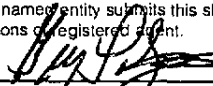
4. FEI Number 06-1661162	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOLOGUREN, GEORGE
1409 NE 22 AVE
OCALA, FL 34470

DO NOT WRITE
IN THIS SPACE

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  **7/3/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

<input checked="" type="checkbox"/> Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLGUREN, GEORGE 1409 NE 22 AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVENCROFT, SUSAN 1409 NE 22 AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSADA-SALAZAR, ALVARO 1409 NE 22 AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U00000371366
07/07/05-80016-001 61.25

U00000371366
07/07/05-80016-002 8.75

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:  **7-3-05** **(352)-732-9955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #