

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 027 ****61.25

DOCUMENT # N03000004675					
1. Entity Name MAYOR'S HISPANIC HERITAGE COMMITTEE, INC.					
Principal Place of Business 306 EAST JACKSON STREET TAMPA, FL 33602			Mailing Address P.O. BOX 172042 TAMPA, FL 33672-0042		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262007 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0786361				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOSELLI, CINDY 14921 REDCLISS DRIVE TAMPA, FL 33625			Name CROPPER, BONNY B. Street Address (P.O. Box Number is Not Acceptable) 3414 PASO FINO Lane City DOVER, FL Zip Code 33527		
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 <small>(Signature, typed or printed name of registered agent and title, if applicable)</small>			DIRECTOR, TREASURER <small>(NOTE: Registered Agent signature required when reconstituting)</small>		
DATE 1-26-07 <small>DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOLOTTI, CATHY 4023 LINCOLN AVENUE TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUNTING, BARBARA 15803 STAGS LEAP DRIVE LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V VALDES, DESIREE 1009 W. INDIANA AVE. Tampa, FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, MARIAM (MAGGIE) 120 ARKWRIGHT DRIVE TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Quiñones, Elizabeth 4415 Leto Lakes Blvd, # 305 Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOSELLI, CINDY 14921 REDCLISS DRIVE TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Blanco, Robert 17117 Gulf Blvd. #631 N. Reddington Beach, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROPPER, BONNY B 3514 HILLGROVE ROAD VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Cropper, Bonny B. 3414 PASO FINO Lane DOVER, FL 33527 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLARA, JOSEPH 427 LOCH DEVON LUTZ, FL 33548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALENTIN, JOSE 7017 Tide Water Trail Tampa, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bonny B. Cropper		
DATE 1-26-07			DAYTIME PHONE # 813 274-5537		