

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005202

FILED
Jan 04, 2005
Secretary of State

Entity Name: ESPANOL PARA LOS NINOS FOUNDATION, INCORPORATED

Current Principal Place of Business:

1262 LAKE WILLISARA CIRCLE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1262 LAKE WILLISARA CIRCLE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 30-0206509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, J. CLIFFORD
1262 LAKE WILLISARA CIRCLE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Title: DIR () Delete
Name: HURD, BARRY DIR
Address: 3975 SOUTH SHORE DR
City-St-Zip: COMMERCE TOWNSHIP, MI 48382 US

Title: DIR () Delete
Name: CURLEY, J. CLIFFORD PRES
Address: 1262 LAKE WILLISARA CRL
City-St-Zip: ORLANDO, FL 32806 US

Title: DIR () Delete
Name: FINDLATER, JEANNE SEC
Address: 5555 HERON POINT DR
City-St-Zip: NAPLES, FL 34108 US

Title: DIR () Delete
Name: FIELDS, MICHAEL DIR
Address: 506 OLD LIVERPOOL ROAD
City-St-Zip: SYRACUSE, NY 13220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: J. CLIFFORD CURLEY

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date