

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 OCT -9 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08292008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0121492 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RUIZ, BELIZA  
220 NORTH OLIVIO STREET  
CLEWISTON, FL 33440

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

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	SEC	<input type="checkbox"/> Delete
NAME	PEREZ, MABEL	
STREET ADDRESS	733 APALOUSA AVENUE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, MYRIAM	
STREET ADDRESS	339 HUNTING CLUB AVENUE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNANDEZ, AMELIA	
STREET ADDRESS	175 N QUEBRADA STREET	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICIEDO, MIGUEL	
STREET ADDRESS	335 N NOGAL STREET	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JUAN	
STREET ADDRESS	503 PERIMETER ROAD	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200136894902  
10/14/08--01013--014 \*\*\$61.25

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

9/20/08 863-902-0163  
Date Daytime Phone #