

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001390

FILED
Apr 13, 2009
Secretary of State

Entity Name: COUNCIL OF SPANISH SPEAKING ORGANIZATIONS, INC.

Current Principal Place of Business:

4800 SADDLEHORN TRAIL
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 902
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 20-0738679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEJANDRO, NILDA
4800 SADDLEHORN TRAIL
MIDDLEBURG, FL 32068 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: P () Delete
Name: ALEJANDRO, NILDA
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: SABEK, LESLIE
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: SOLIS, MARELIS
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: ALEJANDRO, EDDIE
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

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 exemption stated 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 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: NILDA ALEJANDRO

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date