

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000002455

1. Entity Name
HISPANIC AMERICAN COALITION, INC.



Principal Place of Business
3310 W CYPRESS ST STE 202
TAMPA, FL 33607

Mailing Address
3310 W CYPRESS ST STE 202
TAMPA, FL 33607



04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2445422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AVILA, GLORIA M
3310 W CYPRESS ST STE 202
TAMPA, FL 33607

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME AVILA, GLORIA M
STREET ADDRESS 3310 W CYPRESS ST, # 202
CITY-ST-ZIP TAMPA, FL 33607

TITLE D
NAME HOWARD, LAURA
STREET ADDRESS 3310 W CYPRESS ST, # 202
CITY-ST-ZIP TAMPA, FL 33607

TITLE D
NAME GONZALEZ, JUAN C
STREET ADDRESS 3310 W. CYPRESS ST. #202
CITY-ST-ZIP TAMPA, FL 33607

TITLE D
NAME HEARN, MERCEDES
STREET ADDRESS 3310 W. CYPRESS ST. #202
CITY-ST-ZIP TAMPA, FL 33607

TITLE T
NAME GONZALEZ, ISAAC
STREET ADDRESS 3310 W. CYPRESS ST. #202
CITY-ST-ZIP TAMPA, FL 33607

TITLE D
NAME MEDRANO, LIDIA DR
STREET ADDRESS 3310 W. CYPRESS ST. #202
CITY-ST-ZIP TAMPA, FL 33607

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05/03/07-80013-009 70.00

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IN THIS SPACE**

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

Date

Daytime Phone #

Gloria M. Avila
Gloria M. Avila

4/18/07
4/18/07

(813) 876-6906
876-6906