

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002455

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** HISPANIC AMERICAN COALITION, INC.

**Current Principal Place of Business:**

7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 20891  
TAMPA, FL 33622

**New Mailing Address:**

**FEI Number:** 56-2445422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AVILA, GLORIA M  
7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
TAMPA, FL 33614 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: D ( ) Delete  
Name: AVILA, GLORIA M  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: HOWARD, LAURA  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: GONZALEZ, JUAN C  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: HEARN, MERCEDES  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: GONZALEZ, ISAAC  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: MEDRANO, LIDIA DR  
Address: 7902 N. MANHATTAN AVE.(AT NEW LIFE CHURCH)  
City-St-Zip: TAMPA, FL 33614

**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:

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: GLORIA M. AVILA

ED

04/06/2009

Electronic Signature of Signing Officer or Director

Date