

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2005-90133-005-\$75.00-\$75.00

DOCUMENT # N04000003971	
1. Entity Name	
MARTI-MACEO SOCIETY FOUNDATION, INC.	



Principal Place of Business	Mailing Address
1226 E. 7TH AVE. TAMPA FL 33675-6144	1226 E. 7TH AVE. TAMPA FL 33675-6144

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED  
05 OCT 10 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2nd MOORE CR2E037 (5/05)

4. FEI Number	Applied For
590746735	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CALLEJAS, LINDA M 518 RICHLYNE ST., #D TEMPLE TERRACE FL 33617

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--------------------------------	--

10. C OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>CASELLAS, GILBERT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7100 BEECHWOOD DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHEVY CHASE MD 20815</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>T</td> <td></td> </tr> </table>	TITLE	CASELLAS, GILBERT	<input type="checkbox"/> Delete	NAME	7100 BEECHWOOD DR.		STREET ADDRESS	CHEVY CHASE MD 20815		CITY- ST- ZIP	T		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	CASELLAS, GILBERT	<input type="checkbox"/> Delete																							
NAME	7100 BEECHWOOD DR.																								
STREET ADDRESS	CHEVY CHASE MD 20815																								
CITY- ST- ZIP	T																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>MARTINEZ, MICHAEL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1621 WISCONSIN AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RACINE WI 53403</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>S</td> <td></td> </tr> </table>	TITLE	MARTINEZ, MICHAEL	<input type="checkbox"/> Delete	NAME	1621 WISCONSIN AVE.		STREET ADDRESS	RACINE WI 53403		CITY- ST- ZIP	S		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	MARTINEZ, MICHAEL	<input type="checkbox"/> Delete																							
NAME	1621 WISCONSIN AVE.																								
STREET ADDRESS	RACINE WI 53403																								
CITY- ST- ZIP	S																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>DOSAL, PAUL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1227 E. COMANCHE AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA FL 33604</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>D</td> <td></td> </tr> </table>	TITLE	DOSAL, PAUL	<input type="checkbox"/> Delete	NAME	1227 E. COMANCHE AVE.		STREET ADDRESS	TAMPA FL 33604		CITY- ST- ZIP	D		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	DOSAL, PAUL	<input type="checkbox"/> Delete																							
NAME	1227 E. COMANCHE AVE.																								
STREET ADDRESS	TAMPA FL 33604																								
CITY- ST- ZIP	D																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>CASELLAS-ALLEN, BELINDA</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7106 WRENWOOD CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA FL 33617</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>D</td> <td></td> </tr> </table>	TITLE	CASELLAS-ALLEN, BELINDA	<input type="checkbox"/> Delete	NAME	7106 WRENWOOD CIRCLE		STREET ADDRESS	TAMPA FL 33617		CITY- ST- ZIP	D		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	CASELLAS-ALLEN, BELINDA	<input type="checkbox"/> Delete																							
NAME	7106 WRENWOOD CIRCLE																								
STREET ADDRESS	TAMPA FL 33617																								
CITY- ST- ZIP	D																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>CALLEJAS, LINDA M</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>518 RICHLYNE ST., #D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TEMPLE TERRACE FL 33617</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	CALLEJAS, LINDA M	<input type="checkbox"/> Delete	NAME	518 RICHLYNE ST., #D		STREET ADDRESS	TEMPLE TERRACE FL 33617		CITY- ST- ZIP			<table border="1"> <tr> <td>TITLE</td> <td>CALLEJAS, LINDA M.</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10922 N. BOULEVARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL 33612</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	CALLEJAS, LINDA M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10922 N. BOULEVARD		STREET ADDRESS	TAMPA, FL 33612		CITY- ST- ZIP		
TITLE	CALLEJAS, LINDA M	<input type="checkbox"/> Delete																							
NAME	518 RICHLYNE ST., #D																								
STREET ADDRESS	TEMPLE TERRACE FL 33617																								
CITY- ST- ZIP																									
TITLE	CALLEJAS, LINDA M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	10922 N. BOULEVARD																								
STREET ADDRESS	TAMPA, FL 33612																								
CITY- ST- ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY- ST- ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify 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 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 8/30/05 Daytime Phone # (813) 974-6328