2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 8:00 am ---Secretary of State DOCUMENT # N04000008620 UNA VOCE OF NORTHEAST FLORIDA, INC. 04-01-2005 90020 034 ****70.00 Principal Place of Business Mailing Address 324 SWEETBRIAR BRANCH LANE 324 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For <u> 20-1221080</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 324 SWEETBRIAR BRANCH LANE JACKSONVILLE, FL 32259 Zio 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TILE Change ☐ Addition ☐ Delete GARCIA, MOLLIE NAME NAME 324 SWEETBRIAR BRANCH LANE STREET ADDRESS STREET ACCORESS CITY-ST-ZIP JACKSONVILLE, FL 32259 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME FRITZSCHE, PAUL NAME STREET ADDRESS PO BOX 1193 STREET ADDRESS FERNANDINA BEACH, FL 32035 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLLMANN, ROBERT NAME NAME STREET ADDRESS **598 WELLS LANDING DR** STREET ADDRESS ORANGE PARK, FL 32073 CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition **ASKWITH, RACHEL** NAME NAME 1314 PORTSIDE DR STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 CTTY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change LAWSON, GERALD NAME STREET ADDRESS 1269 PLEASANT POINT ROAD STREET ADDRESS GREEN COVE SPRINGS, FL. 32043 CITY-ST-ZIP CSTV.ST.7IP ☐ Detete TITLE Change ☐ Addition IIIIF NAME NAME STREET ADDRESS 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 AND TYPED OF PRINTED HAMING OFFICER ON DIRECTOR

SIGNATURE:

<u>3-28-05</u>

FILED

904-287-6470