

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008620

FILED
Mar 31, 2007
Secretary of State

Entity Name: UNA VOCE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

324 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

324 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-1221080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, EDWARD J
324 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259 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: GARCIA, MOLLIE
Address: 324 SWEETBRIAR BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: FRITZSCHE, PAUL
Address: PO BOX 1193
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D () Delete
Name: DEDERICO, MICHAEL
Address: 3314 VICTORIA CT E
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ASKWITH, RACHEL
Address: 1314 PORTSIDE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: LAWSON, GERALD
Address: 1269 PLEASANT POINT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FEDERICO, MICHAEL
Address: 3314 VICTORIA CT E
City-St-Zip: JACKSONVILLE, FL 32216

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 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: MOLLIE GARCIA

D

03/31/2007

Electronic Signature of Signing Officer or Director

Date