

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008983

FILED
Jun 29, 2005
Secretary of State

Entity Name: THE HISPANIC AMERICAN CULTURAL ALLIANCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3558 POND RIDGE CT. W.
JACKSONVILLE, FL 32223

New Principal Place of Business:

P.O. BOX 600235
JACKSONVILLE, FL 322600235 US

Current Mailing Address:

3558 POND RIDGE CT. W.
JACKSONVILLE, FL 32223

New Mailing Address:

P.O. BOX 600235
JACKSONVILLE, FL 322600235 US

FEI Number: 20-1635552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOLENTINO, OCTAVIO
3558 POND RIDGE CT. W.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

VALDELAMAR, EDUARDO
P.O. BOX 600235
JACKSONVILLE, FL 322600235 US

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: EDUARDO VALDELAMAR

06/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOLENTINO, OCTAVIO
Address: 3558 POND RIDGE CT. W.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: SALAZAR, JORGE
Address: 198 NADIA MICHELLE CT. S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: RIVAS, LIBNI
Address: 6919 CHERBOURG AVE. S.
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: RODRIGUEZ, JULIO E
Address: 12443 SAN JOSE BLVD. #604
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: RAMIREZ, GILBERTO
Address: 11522 DELEGATE CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: VALDELAMAR, EDUARDO
Address: P.O. BOX 8655
City-St-Zip: FLEMING ISLAND, FL 32006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALDELAMAR, EDUARDO
Address: P.O. BOX 8655
City-St-Zip: FLEMING ISLAND, FL 32006 US

Title: VD (X) Change () Addition
Name: GUARNIZO, JHON FR
Address: 7190 HWY 17 SOUTH
City-St-Zip: GRENN COVE SPRINGS, FL 32043 US

Title: SD (X) Change () Addition
Name: MEDINA PEREZ, MARIA
Address: 3517 W. AMANDA CT
City-St-Zip: JACKSONVILLE, FL 32259 US

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

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

Title: D (X) Change () Addition
Name: TOLENTINO, OCTAVIO
Address: 3558 POND RIDGE CT. W
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIO E. RODRIGUEZ

TRS

06/29/2005

Electronic Signature of Signing Officer or Director

Date