

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009830

FILED
Jan 13, 2007
Secretary of State

Entity Name: FEDERAL HISPANIC LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

4445 SUMMER OAK DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4445 SUMMER OAK DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 01-0725003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON-COUTO, THOMAS E
4445 SUMMER OAK DR
TAMPA, FL 33618 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: CEO () Delete
Name: GONZALEZ, SANDALIO
Address: 660 S MESA HILLS DR
City-St-Zip: EL PASO, TX 79912

Title: P () Delete
Name: GONZALEZ, SANDALIO
Address: 660 S MESA HILLS DR
City-St-Zip: EL PASO, TX 79912

Title: VP () Delete
Name: AMOS, CHAD
Address: P O BOX 6302
City-St-Zip: MESA, AZ 85216

Title: VP () Delete
Name: ALLISON-COUTO, THOMAS
Address: 4445 SUMMER OAK DR
City-St-Zip: TAMPA, FL 33618

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:

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: THOMAS E. ALLISON

VP

01/13/2007

Electronic Signature of Signing Officer or Director

Date