

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009886

FILED
Apr 29, 2006
Secretary of State

Entity Name: HISPANIC CULTURAL FOUNDATION OF THE TREASURE COAST, INC.

Current Principal Place of Business:

2791 SW ENSENADA TERRACE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2791 SW ENSENADA TERRACE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 76-0773252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAVO, OSCAR
2791 SW ENSENADA TERRACE
PORT ST LUCIE, FL 34953 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: DP () Delete
Name: MERCHAN-CELY, NELSON
Address: 2451 SE BERKSHIRE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DV () Delete
Name: BRAVO, OSCAR
Address: 2791 SW ENSENADA TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT () Delete
Name: GONZALEZ, APARICIO
Address: 1525 SE CUTORRO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: NORCIA, BARBARA M
Address: 1501 CORALBEAN CT
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S (X) Delete
Name: TINOCO, MARIA
Address: 2791 SW ENSENADA TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRAVO, OSCAR
Address: 2791 SW ENSENADA TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S (X) Change () Addition
Name: TAYLOR, MARLENE
Address: POB 880715
City-St-Zip: PORT ST LUCIE, FL 34988

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

Title: D (X) Change () Addition
Name: GONZALEZ, ROSALINDA
Address: 1525 SE CUTORRO AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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: OSCAR BRAVO

DP

04/29/2006

Electronic Signature of Signing Officer or Director

Date