


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90394 015 ****61.25

DOCUMENT # N04000009886					
1. Entity Name HISPANIC CULTURAL FOUNDATION OF THE TREASURE COAST, INC.					
Principal Place of Business 2791 SW ENSENADA TERRACE PORT ST LUCIE, FL 34953			Mailing Address 2791 SW ENSENADA TERRACE PORT ST LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # 1525 SECUTORRO AVE		3. Mailing Address 1525 SECUTORRO AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PT. ST. LUCIE FL		City & State PT. ST. LUCIE, FL		4. FEI Number 76-0773252	
Zip 34952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, OSCAR 2791 SW ENSENADA TERRACE PORT ST LUCIE, FL 34953			7. Name and Address of New Registered Agent Name: GONZALEZ, APARICIO Street Address (P.O. Box Number is Not Acceptable): 1525 SECUTORRO AVE PORT. SAINT LUCIE, FL City: FL Zip Code: 34952		
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: APARICIO E. GONZALEZ <i>Aparicio Gonzalez</i> ABRIL 27-007 <small>Signature, typed or printed name of registered agent and title if applicable. (If C.E. Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAVO, OSCAR 2791 SW ENSENADA TERRACE PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARLENE POB 880715 PORT ST LUCIE, FL 34988	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALEZ, APARICIO 1525 SE CUTORRO AVENUE PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROSALINDA 1525 SE CUTORRO AVE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: APARICIO E. GONZALEZ <i>Aparicio Gonzalez</i> ABRIL 27-007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					