## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010172

FILED Mar 26, 2008 Secretary of State

Entity Name: COLOMBIAN ASSOCIATION OF NORTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8384 BAYMEADOWS RD SUITE#2

JACKSONVILLE, FL 32256 US

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 57922

JACKSONVILLE, FL 32241 US

FEI Number: 20-1803125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FASHNER, JUDITH L BARRERA, JOSE A

266 AQUARIUS CIRCLE WEST 2464 WINCHESTER LANE ST. AUGUSTINE, FL 32092 US JACKSONVILLE, FL 32216

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: JOSE A. BARRERA 03/26/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P,D () Delete (X) Change ( ) Addition FASHNER, JUDITH MURCIA, ALEXANDRA Name: Name: 266 AQUARIUS CR. W Address: 6974 LAFAYETTE PARK DR Address:

City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: JACKSONVILLE, FL 32244 US

Title: () Delete Title: VP,D (X) Change ( ) Addition

Name: RUBIELA, VALERO Name: DIAZ, LUIS

Address: 3406 HICKORY HAMMOCK RD. Address: 191 CAPELLA ROAD City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ORANGE PARK, FL 32073

Title: T, D () Delete Title: () Change () Addition

BARRERA, JOSE A Name: Name: 2464 WINCHESTER LANE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip:

Title: () Delete Title: S.D. ( ) Change (X) Addition

Name:

Name: SNIDER, ESTHER 10373 WINDFERN COURT NORTH Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: JOSE A. BARRERA T.D. 03/26/2008