

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010172

FILED
Mar 10, 2009
Secretary of State

Entity Name: COLOMBIAN ASSOCIATION OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8384 BAYMEADOWS RD
SUITE # 2
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 57922
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 20-1803125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRERA, JOSE A
2464 WINCHESTER LANE
ST. AUGUSTINE, FL 32092 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: P,D () Delete
Name: MURCIA, ALEXANDRA
Address: 6974 LAFAYETTE PARK DR
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP,D () Delete
Name: DIAZ, LUIS
Address: 191 CAPELLA ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: T, D () Delete
Name: BARRERA, JOSE A
Address: 2464 WINCHESTER LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S.D. () Delete
Name: SNIDER, ESTHER
Address: 10373 WINDFERN COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32257

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 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

MR.

03/10/2009

Electronic Signature of Signing Officer or Director

Date