

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011019

FILED
May 02, 2005
Secretary of State

Entity Name: ST. LUCIE COUNTY LATIN FESTIVAL INC.

Current Principal Place of Business:

2741 S.W. PIERSON RD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2741 S.W. PIERSON RD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 11-3733598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUNCKE, ROLAND
2741 S. W. PIERSON RD.
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: P () Delete
Name: RODRIGUEZ, LILLIAN
Address: 2741 S.W. PIERSON RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V P () Delete
Name: LOPEZ, JOSE
Address: 7818 N W 17 PL.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: FUNCKE, ROLAND
Address: 858 S.E. CAVERN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: CORONA, AL
Address: 3247 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: GARCIA, FELIX
Address: 5569 S.E. FEDERAL HWY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V P (X) Change () Addition
Name: COLLURA, DOMENICK
Address: 9401 PINEBARK CT
City-St-Zip: FT PIERCE, FL 34951

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 Section 119.07(3)(i), 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: LILLIAN RODRIGUEZ

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date