

FILED
Apr 22, 2005 8:00 am
Secretary of State

02-21-2005 90073 010 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000011693			
1. Entity Name DELTONA HISPANIC AMERICAN OLD TIMER SOFTBALL LEAGUE, INC.			
Principal Place of Business 769 TRUMBULL STREET DELTONA, FL 32725		Mailing Address 769 TRUMBULL STREET DELTONA, FL 32725	
2. Principal Place of Business 228 Kettering Rd Suite, Apt. #, etc.		3. Mailing Address 228 Kettering Rd Suite, Apt. #, etc.	
City & State Deltona FL		City & State Deltona FL	
Zip 32725	Country Volusia	Zip 32725	Country Volusia
4. FEI Number 73-1713412		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEGA, ENRIQUE 769 TRUMBULL STREET DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreement required when registering.) DATE			
Filing Fee to \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Main check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P VEGA, ENRIQUE 769 TRUMBULL STREET DELTONA, FL 32725		☐ Delete ☐ Change ☐ Addition	
VP/T CRUZ, CARLOS 1155 TIVOLI DRIVE DELTONA, FL 32725		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, 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: 		7/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			

RS USE ONLY) 575F

66012359

This is a copy of my ID #
I have not received anything
else



000717

CP 575 F (Rev. 1-2004)

CP 575 F

0533960894

(386) 574-1585 5pm

386-548-5009 11Am / 4pm

DATE OF THIS NOTICE: 08-06-2004.
EMPLOYER IDENTIFICATION NUMBER: 73-1713412
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

DELTONA HISPANIC AMERICAN OLD TIMER
SOFTBALL LEAGUE
% ENRIQUE VEGA
769 TRUMBULL ST
DELTONA FL 32725