

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 024 ****70.00

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DOCUMENT # N05000003393 1. Entity Name HISPANIOLA COMMUNITY CENTER, INC.					
Principal Place of Business 12550 BISCAYNE BLVD SUITE 500 N MIAMI, FL 33181			Mailing Address 12550 BISCAYNE BLVD SUITE 500 N MIAMI, FL 33181		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 614071 Suite, Apt. #, etc.			
City & State		City & State North Miami		4. FEI Number 202622714	
Zip Country		Zip 33261		Country USA	
6. Name and Address of Current Registered Agent TELFORT, POITEVIEN 12550 BISCAYNE BLVD SUITE 500 N MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELFORT, POITEVIEN 2020 NE 135TH STREET #511 N MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUBIEN, FLORENCE 850 NW 71ST STREET MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEAU, NATASHA 1251 NE 108TH ST., #120 MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE TOUSSAINT 8500 Biscayne Blvd Lot S1032 Miami, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELFORT, POITEVIEN 12550 Biscayne Blvd suite 500 North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUBIEN, FLORENCE 850 NW 71ST STREET MIAMI, FL 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEAU, NATASHA 1251 NE 108TH ST., #120 MIAMI, FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE TOUSSAINT 8500 Biscayne Blvd Lot S1032 Miami, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELFORT, POITEVIEN 12550 Biscayne Blvd suite 500 North Miami, FL 33181	<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: <i>Portevien Telfort</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-10-06 305-459-0558 <small>Date Daytime Phone #</small>	