

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90039 026 ****70.00

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07122006 Chg-NP CR2E037 (4/06)

4. FEI Number **86-1163679** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOZANO, LOURDES S
17616 LAKE IOLA ROAD
DADE CITY, FL 33523

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 signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS:

TITLE	PRES	<input type="checkbox"/> Delete
NAME	LOZANO, LOURDES S	
STREET ADDRESS	P. O. BOX 48432	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARNER, AVELINA	
STREET ADDRESS	1748 ABERDEEN CT.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	SECT	<input checked="" type="checkbox"/> Delete
NAME	HUDACK, CONCEPCION S	
STREET ADDRESS	3406 CADE LANE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	CUA, RICA G MD	
STREET ADDRESS	555 RANCH ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	COOI	<input checked="" type="checkbox"/> Delete
NAME	MOYER, LOURDES	
STREET ADDRESS	17616 LAKE IOLA ROAD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	CHRM	<input checked="" type="checkbox"/> Delete
NAME	BRADEN, NORMITA	
STREET ADDRESS	802 ATTACHE CT.	
CITY-ST-ZIP	TAMPA, FL 33613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENAIDA MANGONON	
STREET ADDRESS	2503 BONTERRA BLVD	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNIE HUNTSINGER	
STREET ADDRESS	2544 BRIDDLE DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AUDITOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMITA BRADEN	
STREET ADDRESS	802 ATTACHE CT	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	PRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURDES MOYERS	
STREET ADDRESS	1944 RENSSELEAR DR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	

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: LOURDES S. LOZANO **8/7/06** **(13)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #