


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90194 046 \*\*\*\*61.25

<b>DOCUMENT # N05000006709</b> 1. Entity Name <b>LATINA WOMEN'S LEAGUE CORP.</b>					
Principal Place of Business <b>4510 NW 14TH PLACE GAINESVILLE, FL 32605</b>				Mailing Address <b>4510 NW 14TH PLACE GAINESVILLE, FL 32605</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CONDOR-WILLIAMS, VICTORIA 4510 NW 14TH PLACE GAINESVILLE, FL 32605</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONDOR-WILLIAMS, VICTORIA</b> <b>4510 NW 14TH PLACE</b> <b>GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GOMEZ DELA TORRE, VICTORIA</b> <b>4912 NW 170 ST</b> <b>ALACHUA, FL 32615</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTIN-HASTY, BARBARA</b> <b>9919 SW 56TH LANE</b> <b>GAINESVILLE, FL 32608</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>INES Rios</b> <b>4850 SW 91 Terr. P-308</b> <b>GAINESVILLE, FL 32608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DONOSO, VERONICA</b> <b>2909 NW 34TH PL</b> <b>GAINESVILLE, FL 32606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAY-ROE, MIRIAN</b> <b>3627 NW 75TH TERR</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARIA ELENA QUINTANA</b> <b>1089 SW 11th Terrace</b> <b>GAINESVILLE, FL 32601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PMT</b> <b>LIZ, ALZA</b> <b>5921 NW 30 TERR</b> <b>GAINESVILLE, FL 32653</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE</b> <i>Condor-Williams</i>			<b>VICTORIA CONDOR-WILLIAMS</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/16/07</b> (352) 378-9787 <small>Daytime Phone #</small>		