


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 016 ****61.25

DOCUMENT # N05000006709					
1. Entity Name LATINA WOMEN'S LEAGUE CORP.					
Principal Place of Business 4510 NW 14TH PLACE GAINESVILLE, FL 32605			Mailing Address 4510 NW 14TH PLACE GAINESVILLE, FL 32605		
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	04142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 35-2259836				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDOR-WILLIAMS, VICTORIA 4510 NW 14TH PLACE -- GAINESVILLE, FL 32605			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 <u>Victoria Condor-Williams</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME CONDOR-WILLIAMS, VICTORIA STREET ADDRESS 4510 NW 14TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32605	<input type="checkbox"/> Delete				
TITLE V NAME GOMEZ DELA TORRE, VICTORIA STREET ADDRESS 4912 NW 170 ST CITY-ST-ZIP ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete				
TITLE S NAME RIOS, INES STREET ADDRESS 4850 SW 91 TERR P-308 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete				
TITLE T NAME QUINTANA, MARIA E STREET ADDRESS 1084 SW 11M TERRACE CITY-ST-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Delete				
TITLE PMT NAME LIZ, ALZA STREET ADDRESS 5921 NW 30 TERR CITY-ST-ZIP GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete				
TITLE PMT NAME Lourdes Fuller STREET ADDRESS 1909 SW 48th Avenue CITY-ST-ZIP Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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.					
SIGNATURE: <u>Victoria Condor-Williams</u>			Date <u>4/15/08</u> Daytime Phone # <u>352-378-9787</u>		