

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012126

FILED
Apr 30, 2012
Secretary of State

Entity Name: SPANISH ASSOCIATION OF NORTH FLORIDA INC.

Current Principal Place of Business:

2020 CHALLEUX DR W
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350114
JACKSONVILLE, FL 32235

New Mailing Address:

2020 CHALLEUX DR W
JACKSONVILLE, FL 32225

FEI Number: 56-2579197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENTON, MARIA L
2020 CHALLEUX DR W
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BENTON, MARIA L
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP
Name: YOUNG, ANGELA M
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: S
Name: DOOLITTLE, MARIA
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: T
Name: RIVERA, MARCIAL
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: VOC
Name: MEISSNER, ANGELES
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: VOC
Name: MENENDEZ, ANTONIA
Address: 2020 CHALLEUX DR W
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA L BENTON

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date