

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 10:15

DOCUMENT # N05296 (1)

1. Corporation Name

THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

4608 S.E. 4th Pl. #3
3405 SE 17TH PLACE (CAPE CORAL 33904)
P.O. BOX #1
CAPE CORAL FL 33910

Mailing Address

P O BOX H1
P.O. BOX #1
CAPE CORAL FL 33910
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1984

3a. Date of Last Report

06/13/1994

4. FEI Number

59-2433506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

9. Name and Address of Current Registered Agent

DEL VALLE, MILLIE

3405 SE 17TH PLACE

CAPE CORAL FL 33904

P.O. BOX #1

33910

4608 S.E. 4th Place #3

C. Coral, FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO

CALDERON, OREN

4510 BRAGG CT

LA BELLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

DEL VALLE, MILLIE

POST OFFICE BOX 1 N/A

CAPE CORAL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

CALDERON, OLGA

4510 BRAGG CT.

LA BELLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

BASILIO, JOSE

2539 RIO PALERMO CT.

PTA GORDA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

JOHNSON, MARY G.

1263 VESPER DRIVE

FORT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 regular or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #