

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05296** (1)
1. Corporation Name
THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

4608 S.E. 4TH PL.
3
CAPE CORAL FL 33904
US

Mailing Address

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

3. Date Incorporated or Qualified
09/24/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

DEL VALLE, MILLIE
4608 S.E. 4TH PLACE #3, P.O. BOX #1
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81

Name

MARY GIGLIA JOHNSON

82

Street Address (P.O. Box Numbers Not Acceptable)

1260 VESPER DR

83

84

City

FT MYERS

FL

85

Zip Code

33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Mary G. Johnson

Mary G. Johnson

4/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

PD CALDERON, OREN

4510 BRAGG CT

LA BELLE FL

CITY-ST-ZIP

☒ DELETE

TITLE

NAME

VP DEL VALLE, MILLIE

POST OFFICE BOX 1 N/A

CAPE CORAL FL

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

S CALDERON, OLGA

4510 BRAGG CT.

LA BELLE FL

CITY-ST-ZIP

☒ DELETE

TITLE

NAME

T BASILIO, JOSE

2539 RIO PALERMO CT.

PTA GORDA FL

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

CD JOHNSON, MARY G.

1263 VESPER DRIVE

FORT MYERS FL

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MARY MAYBO D
2430 Woodland Circle
FT MYERS FL 33907

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

AURORA Abad
1041 BAL ESTE DR
FT MYERS, FL 33919

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

600001829776

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*****61.25**

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary G. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

DATE

941-939-2020

DAYTIME PHONE

CR2E037 (12/95)