


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05296</b>	
<b>1. Entity Name</b> THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.	

<b>Principal Place of Business</b> 3301 SE 16TH PLACE CAPE CORAL FL 33904 US	<b>Mailing Address</b> 3301 SE 16TH PLACE CAPE CORAL FL 33904 US
---	---

<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
--	--

<b>City &amp; State</b>	<b>City &amp; State</b>
-------------------------	-------------------------

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
------------	----------------	------------	----------------

<b>6. Name and Address of Current Registered Agent</b>  ABAD, AURORA 3301 SE 16TH PLACE CAPE CORAL FL 33904	<b>7. Name and Address of New Registered Agent</b> 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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
---	-------------

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> DC	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ABAD, AURORA		<b>NAME</b>	
<b>STREET ADDRESS</b> 3301 SE 16TH PLACE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CAMINO, MARTA		<b>NAME</b>	
<b>STREET ADDRESS</b> 3301 SE 16TH PLACE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DST	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HORVATH, MARY A		<b>NAME</b>	
<b>STREET ADDRESS</b> 1814 NE 1ST TERR		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL 33909		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> 	<b>2-3-04 239-218-5911</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date Daytime Phone #</b>



MOORE CR2E037 (11/03)