

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N06000000035

1. Entity Name
**FUNDACION CULTURAL GLORIA RIVERA DE PUERTO
RICO, INC.**



Principal Place of Business
**1620 SPINNINGWHEEL DR
LUTZ, FL 33559**

Mailing Address
**1620 SPINNINGWHEEL DR
LUTZ, FL 33559**



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3767996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACEVEDO, SANDRA V
1620 SPINNINGWHEEL DR
LUTZ, FL 33559**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/26/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000901260
04/29/08-80061-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ACEVEDO, SANDRA V
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY- ST- ZIP LUTZ, FL 33559

TITLE VPD
NAME PEREZ, KAREN
STREET ADDRESS PO BOX 311454
CITY- ST- ZIP TAMPA, FL 33680

TITLE SD
NAME SANTIAGO, WANDA M
STREET ADDRESS PO BOX 2170
CITY- ST- ZIP LUTZ, FL 33548

TITLE TD
NAME JIMENEZ, AMILCAR
STREET ADDRESS 3199 BEAVER AVE
CITY- ST- ZIP SPRINGHILL, FL 34609

TITLE D
NAME RIVERA, GLORIA E
STREET ADDRESS 6514 SEFAIRE LANE
CITY- ST- ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

(Signature and typed or printed name of signing officer or director)

3/26/08

Date

Daytime Phone #