

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003668

FILED
Apr 07, 2009
Secretary of State

Entity Name: ALIANZA HISPANA DE LA BAHIA DE TAMPA, INC.

Current Principal Place of Business:

416 KINGS PATH DR
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 152132
TAMPA, FL 33684

New Mailing Address:

FEI Number: 11-3795640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, LUIS A
416 KINGS PATH DR
SEFFNER, FL 33584 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: D () Delete
Name: LOPEZ, LUIS PRES
Address: 416 KINGS PATH DR
City-St-Zip: SEFFNER, FL 33584 US

Title: D () Delete
Name: HENNESSEY, ENCARNACION VP
Address: 6513 JOHN'S ROAD
City-St-Zip: TAMPA, FL 33634 US

Title: D () Delete
Name: VERA, GRETTE SEC
Address: 8104 N HALE AVE
City-St-Zip: TAMPA, FL 33614 US

Title: D () Delete
Name: LEAL, CARLOS A TRES
Address: 4902 N MACDILL AVE.
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS A LOPEZ

DP

04/07/2009

Electronic Signature of Signing Officer or Director

Date