

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004340

FILED
Apr 30, 2009
Secretary of State

Entity Name: HISPANIC-AMERICAN CIVICS FOUNDATION, INC.

Current Principal Place of Business:

2665 S BAYSHORE DR SUITE 701
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR SUITE 701
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-8948315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, NICOLAS J JR ESQ
2665 S BAYSHORE DR SUITE 701
MIAMI, FL 33133 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: PD () Delete
Name: CRESPO, PAUL
Address: 4100 MONSERRATE STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: GUTIERREZ, NICOLAS J JR ESQ
Address: 2665 S BAYSHORE DR SUITE 701
City-St-Zip: MIAMI, FL 33133

Title: T D () Delete
Name: MACAULAY, ROBERT B ESQ
Address: 2525 PONCE DE LEON BLVD., SUITE 400
City-St-Zip: CORAL GABLES, FL 33137

Title: S D () Delete
Name: SABALLO, DOUGLAS A
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 701
City-St-Zip: MIAMI, FL 33133

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: NICOLAS J. GUTIERREZ, JR.

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date