

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007629

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ASOCIACION MUJER LATINA, INC.

**Current Principal Place of Business:**

2411 SW 146 LOOP  
OCALA, FL 34473 US

**New Principal Place of Business:**

**Current Mailing Address:**

2411 SW 146 LOOP  
OCALA, FL 34473 US

**New Mailing Address:**

FEI Number: 26-0646657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSA, JEMITH  
2411 SW 146 LOOP  
OCALA, FL 34473 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: PRES ( ) Delete  
Name: ROSA, JEMITH  
Address: 2411 SW 146 LOOP  
City-St-Zip: OCALA, FL 34473 US

Title: VP ( ) Delete  
Name: ORTIZ, MARIE  
Address: 4830 SW 129 PLACE  
City-St-Zip: OCALA, FL 34473 US

Title: SEC ( ) Delete  
Name: GARCIA, MARIA TERESA  
Address: 318 MARION OAKS DRIVE  
City-St-Zip: OCALA, FL 34473 US

Title: TRES ( ) Delete  
Name: APONTE, CRUCITA  
Address: 16031 SW 21ST COURT  
City-St-Zip: OCALA, FL 34473 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: JEMITH ROSA

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date