

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012290

FILED
Apr 29, 2008
Secretary of State

Entity Name: HISPANIC ADVOCACY COALITION INC

Current Principal Place of Business:

3731 LARGO DR
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

3731 LARGO DR
MELBOURNE, FL 32901

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, RODNEY S CPA
490 CENTRE LAKE DR NE
SUITE 175
PALM BAY, FL 32907 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: CHR () Delete
Name: LARES, TOMAS J
Address: 6251 SOUTH BEND SQUARE #163
City-St-Zip: ORLANDO, FL 32807

Title: COCH () Delete
Name: OCASIO, ALFONSO
Address: 3731 LARGO DR
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: RODRIGUEZ, SUSANA
Address: 2759 RIVER RIDGE DR
City-St-Zip: ORLANDO, FL 32825

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:

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: ALFONSO OCASIO

COCH

04/29/2008

Electronic Signature of Signing Officer or Director

Date