

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000099

FILED
Jan 07, 2009
Secretary of State

Entity Name: FUENTE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1310 N 22ND STREET
TAMPA, FL 33605

New Principal Place of Business:

1310 N 22ND STREET
TAMPA, FL 336055317 US

Current Mailing Address:

1310 N 22ND STREET
TAMPA, FL 33605

New Mailing Address:

P. O. BOX 5175
TAMPA, FL 336755175 US

FEI Number: 26-1874008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KAREN R
1310 N 22ND STREET
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

SMITH, KAREN R
1310 N 22ND STREET
TAMPA, FL 336055317 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUENTE, CARLOS A
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: FUENTE, CARLOS P
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: SUAREZ, CYNTHIA FUENTE
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FUENTE, CARLOS A
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 336055317 US

Title: DVP (X) Change () Addition
Name: FUENTE, CARLOS P
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 336055317 US

Title: DVP (X) Change () Addition
Name: SUAREZ, CYNTHIA FUENTE
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 336055317 US

Title: ST () Change (X) Addition
Name: SMITH, KAREN R
Address: 1310 N 22ND STREET
City-St-Zip: TAMPA, FL 336055317 US

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: KAREN R. SMITH

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01/07/2009

Electronic Signature of Signing Officer or Director

Date