

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006790

FILED
Jun 26, 2009
Secretary of State

Entity Name: THE LATIN AMERICAN COALITION OF TREASURE COAST INC

Current Principal Place of Business:

3504 OKEECHOBEE ROAD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

3504 OKEECHOBEE ROAD
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CABRIALES, JOSE
4017 GREENWOOD DR
FORT PIERCE, FL 34982 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABRIALES, JOSE
Address: 4017 GREENWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD () Delete
Name: BARTLETT, EDWIN R
Address: 707 N 7TH ST AP. 164
City-St-Zip: FORT PIERCE, FL 34950

Title: SD () Delete
Name: CABRIALES, IRMA
Address: 4017 GREENWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

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: JOSE CABRIALES

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date