

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008812

FILED
Feb 07, 2009
Secretary of State

Entity Name: HISPANIC FAMILY SERVICES, INC.

Current Principal Place of Business:

5134 ST. CHARLES LANE
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5134 ST. CHARLES LANE
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 26-3398355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMAS, DENISSE C
5134 ST. CHARLES LANE
ORLANDO, FL 32822 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: P () Delete
Name: LAMAS, DENISSE C
Address: 5134 ST. CHARLES LANE
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: GONZALEZ, ADRIANA
Address: 2122 POINCIANA ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: TRES () Delete
Name: LAMAS, JESUS E
Address: 5134 ST. CHARLES LANE
City-St-Zip: ORLANDO, FL 32822

Title: SEC () Delete
Name: VEZGA, FERNANDO
Address: 2122 POINCIANA ROAD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GONZALEZ, ADRIANA
Address: 10151 UNIVERSITY BLVD. # 193
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: VEZGA, FERNANDO
Address: 10151 UNIVERSIRY BLVD # 193
City-St-Zip: ORLANDO, FL 32817

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: DENISSE C. LAMAS

P

02/07/2009

Electronic Signature of Signing Officer or Director

Date