




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90102 017 ****61.25

DOCUMENT # N17837					
1. Entity Name CLUB LATINO AMERICANO DE TITUSVILLE, INC.					
Principal Place of Business 2600 APPLEWOOD DR TITUSVILLE, FL 32780			Mailing Address P O BOX 2923 TITUSVILLE, FL 32781		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAYS, NELLY 7230 MADISON ST COCOA, FL 32927			Name <u>FELIX GONZALEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>2600 APPLEWOOD DR</u> City <u>TITUSVILLE</u> <u>FL</u> Zip Code <u>32780</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>FELIX GONZALEZ</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/6/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME RODRIGUEZ, JESUS STREET ADDRESS 1419 LITTLER CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE T NAME GLADYS CIANCIOOTTO STREET ADDRESS 1287 CHENNEY HWY. APT F CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BULNES, SANTIAGO F STREET ADDRESS 2750 SUNRISE DR CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE P NAME FELIX GONZALEZ STREET ADDRESS 2600 APPLEWOOD DR CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME BAYS, NELLY STREET ADDRESS 7230 MADISON ST CITY-ST-ZIP COCOA, FL 32927	<input checked="" type="checkbox"/> Delete		TITLE S NAME ENRIQUE BERTOT STREET ADDRESS 1231 COUNTRY CLUB DR CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME RODRIGUEZ, MARIA STREET ADDRESS 1419 LITTLER CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<u>3/6/06</u>		<u>383-0052</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	