

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, FELIX
2600 APPLEWOOD DR
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RODRIGUEZ, JESUS
1419 LITTLER
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CIANCOTTO, GLADYS
1287 CHENNEY HWY., APT F
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GONZALEZ, FELIX
2600 APPLEWOOD DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BERTOT, ENRIQUE
1231 COUNTRY CLUB DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000586640
01/17/07-20001-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Gladys E. Cincotto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07
Date

(321) 268-5663
Daytime Phone #