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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24686

1. Corporation Name

THE LATIN AMERICAN SOCIETY OF CENTRAL FLORIDA, I NC.

Principal Place of Business

Mailing Address

P.O BOX 2736
WINTERHAVEN FL 33883
US

P.O BOX 2736
WINTERHAVEN FL 33883-2736
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/05/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2872096

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLANUEVA, ERVIN
113 CRESTVIEW CT.
DAVENPORT FL 33837

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME VILLANUEVA, ERVIN
STREET ADDRESS 113 CRESTVIEW COURT
CITY-ST-ZIP DAVENPORT FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PAGAN, LUIS
STREET ADDRESS 2747 GALE ROSE DR
CITY-ST-ZIP LAKE LAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME VEGA, GERTRUDE
STREET ADDRESS 2260 ELLIS ROAD
CITY-ST-ZIP AUBURNDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME LOPEZ, MILDRED
STREET ADDRESS 350 ECHO ST
CITY-ST-ZIP LAKE ALFRED FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SANTIAGO, EDNA
STREET ADDRESS 1812 3RD ST. S.E., APT B
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GONZALEZ, ANGELO
STREET ADDRESS 1542 FOX RIDGE RUN, SW
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (941) 422-2575
Date Daytime Phone #

CR2E037 (1/98)