2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 19, 2007 08:00 AN Secretary of State DOCUMENT # N32544 1. Entity Namo SPANISH-AMERICAN SOCIETY OF CHARLOTTE COUNTY Principal Place of Business Mailing Address PO BOX 494111 PORT CHARLOTTE FL 33949-2101 PO BOX 494111 PORT CHARLOTTE FL 33949-2101 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 05-0126112 Not Applicable Ζıρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUENTES, FERNANADO A Street Address (P.O. Box Number is Not Acceptable) 19459 MIDWAY BLVD. PORT CHARLOTTE FL 33948 Zip Code 8. The above named onlity 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. 2-7-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TELLS PD THEF ☐ Change Addition Delete NAMI. U00000642232 03/01/07-80033-024 61.25 RESTO, PABLO NAME STREET ADDRESS STREET ADDRESS 5371 BRONCO ROAD CITY+ ST-ZIP CHY-ST-ZIP PORT CHARLOTTE FL 33951 TITLE TITLE ☐ Change Addition VPD ☐ Delete NAME FUENTES, FERNANDO A NAME STREET ADDRESS STREET ADDRESS 19459 MIDWAY BLVD. CITY-ST-7IP PORT CHARLOTTE FL 33948 CITY-ST-ZIP mu: ☐ Delete 11111 Change Addition | TD NAME NAME GRANT, JOSE S STREET ADDRESS STREET ADDRESS 18157 HILLSOROUGH BLVD. CITY-ST-ZIP CITY-S1-ZIP PORT CHARLOTTE FL 33954 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BORSELLI, NELIDA STREET ADDRESS STREET ADDRESS 3487 LARKSPAR CT CHY-SI-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME RESTO, FRANCISCA NAME STREET ADDRESS STREET ADDRESS 5371 BRONCO ROAD CITY-ST-ZIP PORT CHARLOTTE FL 33948 CHY-ST-7IP шп ☐ Delete HHE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

A. Fuentes

2-7-07 941-673-00-10