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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34262** (8)

1. Corporation Name

**HISPANIC ASSOCIATION OF AT&T EMPLOYEES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 940787  
MAITLAND FL 32794-0787

P.O. BOX 940787  
MAITLAND FL 32794-0787

3. Date Incorporated or Qualified

**09/19/1989**

4. FEI Number

**59-2979577**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

**AUFFANT, JAMES R**  
**2514 E. JACKSON ST**  
**ORLANDO FL 32803**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12

TITLE **DP** ☒ DELETE

NAME **RAMOS, FELIX**  
STREET ADDRESS **3200 LAKE EMMA RD**  
CITY-ST-ZIP **LAKE MARY FL**

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **GLORIA O'Toole**  
1.3 STREET ADDRESS **3200 LAKE EMMA RD RM 3C169**  
1.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **DV** ☒ DELETE

NAME **RAMOS, FELIX**  
STREET ADDRESS **3200 LAKE EMMA RD**  
CITY-ST-ZIP **LAKE MARY FL**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME **Veronica Richer**  
2.3 STREET ADDRESS **6021 S. RID GRANDE AV**  
2.4 CITY-ST-ZIP **Orlando FL 32709**

TITLE **DV** ☒ DELETE

NAME **O'TOOLE, GLORIA**  
STREET ADDRESS **3200 LAKE EMMA RD**  
CITY-ST-ZIP **LAKE MARY FL**

3.1 TITLE **DV** ☒ Change ☐ Addition

3.2 NAME **IVAN OIMO**  
3.3 STREET ADDRESS **3210 LK EMMA RD DR**  
3.4 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DS** ☒ DELETE

NAME **SAAVEDRA, ANA**  
STREET ADDRESS **38 SKYLINE DR**  
CITY-ST-ZIP **LAKE MARY FL**

4.1 TITLE **DS** ☒ Change ☐ Addition

4.2 NAME **JOAN DALTON**  
4.3 STREET ADDRESS **851 TRAFALGAR CT**  
4.4 CITY-ST-ZIP **MAITLAND F 32751**

TITLE **DT** ☒ DELETE

NAME **DALTON, JOANN**  
STREET ADDRESS **7700 SOUTHLAND**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **DT** ☒ Change ☒ Addition

5.2 NAME **MIKE TORRES**  
5.3 STREET ADDRESS **851 TRAFALGAR CT**  
5.4 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ DELETE

NAME **LOCKE, MINNIE**  
STREET ADDRESS **3200 LAKE EMMA RD**  
CITY-ST-ZIP **LAKE MARY FL**

6.1 TITLE **D** ☐ Change ☐ Addition

6.2 NAME **MINNIE LOCKE**  
6.3 STREET ADDRESS **3200 LAKE EMMA RD**  
6.4 CITY-ST-ZIP **LK MARY, FL 32746**

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.

SIGNATURE:

3/20/98 401-475-825

CR2E037 (10/97)