

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 017 ****70.00

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1. Corporation Name

HISPANIC ASSOCIATION OF AT&T EMPLOYEES, INC.

Principal Place of Business

P.O. BOX 940787
MAITLAND FL 32794-0787

Mailing Address

P.O. BOX 940787
MAITLAND FL 32794-0787



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2979577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

TITLE **DV** ☒ DELETE
NAME **RICHER, VERONICA**
STREET ADDRESS **6021 S RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO FL 32709**

TITLE **DV** ☒ DELETE
NAME **OIMO, IVAN**
STREET ADDRESS **3210 LK. EMMA DR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DP** ☒ DELETE
NAME **O'TOOLE, GLORIA**
STREET ADDRESS **3200 LAKE EMMA RD 3C169**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DT** ☒ DELETE
NAME **TORRES, MIKE**
STREET ADDRESS **851 TRAFALGAR CT.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DS** ☒ DELETE
NAME **DALTON, JOANN**
STREET ADDRESS **851 TRAFALGAR CT.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☒ DELETE
NAME **LOCKE, MINNIE**
STREET ADDRESS **3200 LAKE EMMA RD**
CITY-ST-ZIP **LAKE MARY FL 32746**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **TORRES, MIKE**
1.3 STREET ADDRESS **851 TRAFALGAR COURT**
1.4 CITY-ST-ZIP **MAITLAND, FL 32751**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **ANDRADE, ENRIQUE**
2.3 STREET ADDRESS **3200 LK EMMA ROAD**
2.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **POMALES, JONAS**
3.3 STREET ADDRESS **851 TRAFALGAR COURT**
3.4 CITY-ST-ZIP **MAITLAND, FL 32751**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **VEGA, ALVIN**
4.3 STREET ADDRESS **851 TRAFALGAR COURT**
4.4 CITY-ST-ZIP **MAITLAND**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DEL RIO, MARGARET**
5.3 STREET ADDRESS **6021 S. RIO GRANDE AVE.**
5.4 CITY-ST-ZIP **ORLANDO, FL 32709**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **YORK, MIMI**
6.3 STREET ADDRESS **851 TRAFALGAR COURT**
6.4 CITY-ST-ZIP **MAITLAND, FL 32751**

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

Date

Daytime Phone #

1/20/99 407-975-8525

CR2E037 (11/98)