


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90099 027 ****61.25

DOCUMENT # N35011					
1. Entity Name SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.					
Principal Place of Business 10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919		Mailing Address 10051 MC GREGOR BLVD STE 204 FORT MYERS, FL 33919			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0154409	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LEONARDO 13222 GREYWOOD CIRCLE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent's signature required when reinstating)					
Filing Fee is \$81.25 Due by May 7, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CULBERTSON, VERONICA		NAME		
STREET ADDRESS	209 SW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTES, ELIZABETH		NAME		
STREET ADDRESS	3703 SE 18TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WELCH, DARLENE		NAME	DT NELSON NIEVES	
STREET ADDRESS	4909 SW 18TH AVE		STREET ADDRESS	3511 N ROAD	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	N FORT MYERS, FL 33917	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HASAK, SILVIA		NAME	DS ADA DOERING	
STREET ADDRESS	620 SE 29TH TERRACE		STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLORES, CHARLIE		NAME		
STREET ADDRESS	1423 TREDEGAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUAREZ, MARIO		NAME		
STREET ADDRESS	6258 PRESIDENTIAL CT. STE. 108		STREET ADDRESS	6258 Presidential CT SUITE 102	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33919	
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: _____			Date: 1/8/2008 (339) 918-1441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		