

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moirham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40087 (1)
1. Corporation Name
LEAGUE OF UNITED LATIN AMERICAN CITIZENS OF FLORIDA, INC.

Principal Place of Business 714 SOUTH LOIS AVE. TAMPA FL 33609	Mailing Address 714 SOUTH LOIS AVE. TAMPA FL 33609
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3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

65-0333985

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, MATILDA
714 SOUTH LOIS AVE.
TAMPA FL 33609**

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

Matilda Garcia

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 IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, RAQUEL	
STREET ADDRESS	518 SW 88TH PLACE EAST	
CITY-ST-ZIP	MIAMI FL 33174	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alayne Unterberger	
1.3 STREET ADDRESS	204 Forest Park Av	
1.4 CITY-ST-ZIP	Tampa Terrace, FL 33617	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, MATILDA	
STREET ADDRESS	714 S. LOIS AVENUE	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	REYES, RAFAELA	
STREET ADDRESS	888 S BUNGALOW PARK AVE #8	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3434 Hunters Run Lane	
3.3 STREET ADDRESS	Tampa FL 33617	
3.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA RUIZ, NICOLAS	
STREET ADDRESS	208 BEDFORD ST	
CITY-ST-ZIP	OLDSMAR FL	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adela Nicholson	
4.3 STREET ADDRESS	1048 40TH AV	
4.4 CITY-ST-ZIP	St Petersburg, FL 33703	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Matilda Garcia

3/4/98

CR2E037 (1097)