

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 24, 1999 8:00 am
Secretary of State

03-24-1999 90032 017 ****61.25

DOCUMENT # N40087

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

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9. Name and Address of Current 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

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

65-0333985

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

10. Name and Address of New Registered Agent

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 D ☒ DELETE
NAME UNTERBERGER, ALAYNE
STREET ADDRESS 204 FOREST PARK AVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D ☐ DELETE
NAME GARCIA, MATILDA
STREET ADDRESS 714 S. LOIS AVENUE
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ DELETE
NAME REYES, RAFAELA
STREET ADDRESS 2534 HUNTERS RUN LANE
CITY-ST-ZIP TAMPA FL 33617

TITLE TD ☐ DELETE
NAME NICHOLSON, ADELA
STREET ADDRESS 1048 40TH AVE
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Margarita Gonzalez
1.3 STREET ADDRESS 3014 W. Dewey St
1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Gloria Vales
3.3 STREET ADDRESS 23239 Chelsea Loop
3.4 CITY-ST-ZIP Land O Lakes, FL 34639

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Matilda A. Garcia
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)