

NONPROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N43211

Corporation Name

SPANIC AMERICAN ALLIANCE, INC.

2000

Principal Place of Business

LIME AVE
SARASOTA FL 34237

Mailing Address

46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA FL 34236
US

FILED

00 MAR 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		26		05/01/1991	
Site, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0259106	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Zip		Country	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TERSON, JOHN				81 Name			
NORTH WASHINGTON BOULEVARD, #1				82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236				83			
				84 City			
				FL 85 Zip Code			

I, undersigned, being duly sworn, certify that 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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Pres	Christopher Cosden	<input type="checkbox"/> DELETE	1.1 TITLE
ADDRESS	P.O. Box 2419		Director
CITY-STATE-ZIP	SARASOTA FL 34230		1.2 NAME
			Minton Tinsley
			1.3 STREET ADDRESS
			1472 Landings Circle
			1.4 CITY-STATE-ZIP
			Sarasota, Florida 34231
D	BLOOM, JUSTIN	<input type="checkbox"/> DELETE	2.1 TITLE
ADDRESS	1910 MANATEE AVE. W		Director
CITY-STATE-ZIP	BRADENTON FL 34205		2.2 NAME
			Emma Bustmonte
			2.3 STREET ADDRESS
			2165 S. Tamiami Trail
			2.4 CITY-STATE-ZIP
			Osprey, FL 34229
EP	Executive Director	<input type="checkbox"/> DELETE	3.1 TITLE
BETTRAN-HALSTEAD, YOLANDO			4000003180904-5
ADDRESS	2945 51st st.		3.2 NAME
CITY-STATE-ZIP	SARASOTA FL 34234		3.3 STREET ADDRESS
			-03/23/00--01004--007
			3.4 CITY-STATE-ZIP
			*****70.00 *****70.00
Vice Pres	Patrick Bidelman	<input type="checkbox"/> DELETE	4.1 TITLE
ADDRESS	108 Orange Grove Ave.		4.2 NAME
CITY-STATE-ZIP	Nokomis, FL 34275		4.3 STREET ADDRESS
			4.4 CITY-STATE-ZIP
Treasurer		<input type="checkbox"/> DELETE	5.1 TITLE
6612 Colonial Drive			5.2 NAME
Sarasota, FL 34231			5.3 STREET ADDRESS
			5.4 CITY-STATE-ZIP
Secretary		<input type="checkbox"/> DELETE	6.1 TITLE
Carol Donnelly			6.2 NAME
3415 51st ave. circle			6.3 STREET ADDRESS
SARASOTA FL Bradenton, FL 34210			6.4 CITY-STATE-ZIP

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

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

CR2E037 (11/98)

0065599