2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44975

FILED Feb 18, 2009 Secretary of State

Entity Name: HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

315 E. ROBINSON STREET 13574 VILLAGE PARK DRIVE

600 200

ORLANDO, FL 32801 ORLANDO, FL 32837

Current Mailing Address: New Mailing Address:

315 E. ROBINSON STREET PO BOX 3000

600 ORLANDO, FL 32802

ORLANDO, FL 32801

FEI Number: 59-3086401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ-KELLY, PENELOPE B

215 EAST LIVINGSTON STREET

216 DIANDO FL 2004 LIS

217 DIANDO FL 2004 LIS

ORLANDO, FL 32801 US 200 ORLANDO, FL 32837 US

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.

SIGNATURE: CINDY G. DUQUE 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CARO, ANDREA B Name: DUQUE, CINDY G

Address: 315 EAST ROBINSON ST., SUITE 600 Address: 13574 VILLAGE PARK DRIVE, SUITE 200

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete Title: TD (X) Change () Addition

Name: MORGAN, MARSHAL D Name: VALLADARES, KARLA E
Address: 165 W. JESSUP AVE. Address: 10125 W. COLONIAL DRIVE. SUITE

 Address:
 165 W. JESSUP AVE.
 Address:
 10125 W. COLONIAL DRIVE, SUITE 218

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:
 OCOEE, FL 34761

Title: SD () Delete Title: SD (X) Change () Addition

Name: JOANN, GUERRERO Name: JOANN, GUERRERO

Address: 283 CRANES ROAST, SUITE 165 Address: 283 CRANES ROOST, SUITE 165
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA E. VALLADARES TD 02/18/2009