2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N50169

Entity Name: THE GUATEMALAN-MAYA CENTER, INC.

Current Principal Place of Business:

110 NORTH F STREET
ANNEX
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

110 NORTH F STREET
ANNEX
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 65-0355018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORCIVIA, GLEN J ESQ.
701 NORTHPOINT PARKWAY
SUITE 209
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	O'LOUGHLIN, FRANK FATHER	
Address:	1439 CERTOSA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33146 US	
Title:	D	( ) Delete
Name:	CANO, MARTHA M	
Address:	5005 PAPRIKA LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	P	( ) Delete
Name:	DIAMANTIS, EMILIO	
Address:	2139 PALM BEACH LAKES BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	D	( ) Delete
Name:	CAMPOSECO, JERONIMO	
Address:	16101 HALF MILE ROAD, APT D-1	
City-St-Zip:	DELRAY BEACH, FL 33446 US	
Title:	T	( ) Delete
Name:	ANNE, ALBANESE CPA	
Address:	221 PINE HOV CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33461 US	
Title:	SEC	( ) Delete
Name:	BROWN, CLIFF PH.D.	
Address:	FAU ANTHROPOLOGY, 777 GLADES ROAD	
City-St-Zip:	BOCA RATON, FL 33431 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: EMELYNE SMITH ED 04/10/2008

Electronic Signature of Signing Officer or Director — Date