## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N50688**

MAYA AMERICAN COMMUNITY COUNCIL, INC.



40030514

Principal Place of Business 18820 SW 355 TERRACE

FLORIDA CITY, FL 33034

Mailing Address

18820 SW 355 TERRACE

FLORIDA CITYU, FL 33034 US



**FILED** Mar 07, 2007 8:00 am

**Secretary of State** 

03-07-2007 90007 013 \*\*\*\*61.25

01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0358747

Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEONARD, JACK T 18820 SW 355 TERRACE FLORIDA CITY, FL 33034

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registered of	fice or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with	n, and acce
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agen	nt signature	required when reinstating)	DATE	
				_		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICER? AND DIRE	CTORS				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEONARD; JACK T 18820 SW 355 TERRACE FLORIDA CITY, FL		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AJUCUM, GERMAN 18820 SW 355 TERRACE FLORIDA CITY, FL 33034		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASPAR, SANTIAGO 18820 SW 355 TERRACE FLORIDA CITY, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP