2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000448

Current Principal Place of Rusiness:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: TAMPA, FL 33607

TAMPA, FL 33607

TAMPA, FL 33607

FERNANDEZ, MANUEL

() Delete

() Delete

RICHARDSON, SUE ELLEN

2700 N MACDILL AVEK 106

2700 N MACDILL AVE #106

Entity Name: HISPANIC SERVICES COUNCIL, INC.

FILED Jan 21, 2005 Secretary of State

New Principal Place of Rusiness

Current Finicipal Flace of Business.			IAGAA LIIIIG	New Fillicipal Flace of Busiliess.		
2700 NOR STE 106 TAMPA, F	RTH MCDILL AV EL 33607 US					
Current Mailing Address:			New Maili	New Mailing Address:		
2700 NORTH MCDILL AVENUE STE 106 TAMPA, FL 33607 US						
			FEI Number Not App	FEI Number Not Applicable()		
Name and	d Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
STE 106	MARIA F. RTH MCDILL AV EL 33607 US	VENUE				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BERASALUCE,	ILL AVE STE 106	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SIERRA-PULLO 2700 N MACDII TAMPA, FL 33	LL AVE 106	Title: Name: Address: City-St-Zip:	PD AREVALO, 2700 N MA TAMPA, FL	CDILL AVE 106	
Title: Name: Address: City-St-Zip:	PD () PITA, MARCIA 2700 N MACDII TAMPA, FL 33		Title: Name: Address: City-St-Zip:	VD GONZALEZ 2700 N MA TAMPA, FL	CDILL AVE 106	
Title: Name: Address:	D () CRUZ, NATALIA 2700 N MACDII		Title: Name: Address:	SD WESTRA, V	(X) Change () Addition VICTORIA CDILL AVE 106	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TAMPA, FL 33607

TAMPA, FL 33607

RIOS. ROBERT

TAMPA, FL 33607

2700 N MACDILL AVEK 106

2700 N MACDILL AVE #106

MARCIA, PITA

(X) Change () Addition

(X) Change () Addition

SIGNATURE: MARIA F. PINZON D 01/21/2005