

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000448

FILED
Jan 27, 2009
Secretary of State

Entity Name: HISPANIC SERVICES COUNCIL, INC.

Current Principal Place of Business:

1502 W. BUSCH BLVD.
STE J
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1502 W. BUSCH BLVD.
STE J
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3198934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PINZON, MARIA F.
1502 W. BUSCH BLVD
STE J
TAMPA, FL 33612 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: PD () Delete
Name: RIOS, ROBERT
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

Title: VD () Delete
Name: CRUZ CARINO, DANIEL
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: GONZALEZ, LILLY
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: VILLANUEVA, ANTHONY
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: BROADUS, MICHAEL
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

Title: M () Delete
Name: PINZON, MARIA F
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

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: SD (X) Change () Addition
Name: MEJIA, MILDRED
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

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

Title: D (X) Change () Addition
Name: AREVALO, MICHELE
Address: 1502 W BUSCH BLVD, STE J
City-St-Zip: TAMPA, FL 33612

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: MARIA F. PINZON

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date