

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004772

1. Entity Name

SPANISH AMERICAN ASSOCIATION OF CITRUS
SPRINGS AND ADJACENT AREAS, INCORPORATED



Principal Place of Business
POST OFFICE BOX 1374
DUNNELLON FL 34430

Mailing Address
POST OFFICE BOX 1374
DUNNELLON FL 34430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3017078

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, HILDA
1808 W. FREEMAN PLACE
CITRUS SPRINGS FL 34434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERMUDEZ, JEANETTE
STREET ADDRESS 10051 N. RUTH TERR.
CITY-ST-ZIP CITRUS SPRINGS FL 34434 ☐ Delete

TITLE T
NAME RODRIGUEZ, JOHN
STREET ADDRESS 9209 N. HARRIS WAY
CITY-ST-ZIP CITRUS SPRING FL 34434 ☐ Delete

TITLE SD
NAME YOUNG, HILDA
STREET ADDRESS 1808 W. FREEMAN PL.
CITY-ST-ZIP CIRTUS SPRING FL 34434 ☐ Delete

TITLE VP
NAME RUTH, BAIRD
STREET ADDRESS 2586 W. SHAW PLACE
CITY-ST-ZIP CITRUS SPRINGS FL 34434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000045983
02/11/04-80084-014 61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hilda Young HILDA YOUNG

2/9/04 352-489-3325