

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90175 035 ****66.25

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1. Corporation Name

HISPANIC AMERICAN POLITICAL ACTION COMMITTEE INC

Principal Place of Business

802 LEOPARD TRAIL
WINTER SPRINGS FL 32708

Mailing Address

P.O. BOX 300523
FERN PARK FL 32730



2. Principal Place of Business

21 931 Old White Way

Suite, Apt. #, etc.

22 Winter Springs, FL

City & State

23 32708 Seminole

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

04/12/1994

4. FEI Number

59-3242833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VELEZ, BLANCA L
931 OLD WHITE WAY
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Blanca L. Martinez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTINEZ, EDWARD JR
STREET ADDRESS 931 OLD WHITE WAY
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VP ☐ DELETE

NAME PAGAN, ANTONIO RIVERA
STREET ADDRESS 988 DINERO DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32765

TITLE D ☐ DELETE

NAME MARTINEZ, BLANCA L
STREET ADDRESS 802 LEOPARD TRAIL
CITY-ST-ZIP WINTER SPRINGS FL 32765

TITLE D ☒ DELETE

NAME SANCHEZ, DIEGO J
STREET ADDRESS 310 RIUNITE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE T ☐ DELETE

NAME ACEVEDO, NANCY C
STREET ADDRESS 1103 WINTER SPRINGS BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE P ☐ DELETE

NAME FORNANDEZ, MARIA D
STREET ADDRESS 1057 DEES DR
CITY-ST-ZIP OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME BLANCA L. MARTINEZ

3.3 STREET ADDRESS 931 Old White Way

3.4 CITY-ST-ZIP Winter Springs, FL. 32708

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY

4.3 STREET ADDRESS ADA SALDANA

4.4 CITY-ST-ZIP 824 Town Circle

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Maitland, FL. 32751

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

Daytime Phone #

4073666808

CR2E037 (11/98)