


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90206 010 ****70.00

DOCUMENT # N94000002229					
1. Entity Name CENTRO CULTURAL LATINOAMERICANO INC.					
Principal Place of Business 1263 S MILITARY TR WEST PALM BEACH, FL 33415			Mailing Address PO BOX 6474 LAKE WORTH, FL 33466-6474		
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 65-0579660	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS 301 BROADWAY, SUITE 300 RIVIERA BEACH, FL 33404				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AZANZA, JOAQUIN		NAME		
STREET ADDRESS	5831 DEWITT PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONVERS, CLEMENCIA		NAME	Linda Peña	
STREET ADDRESS	801 8TH LANE		STREET ADDRESS	PO Box 222584, W.P.B., Fl. 33422	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, LINA		NAME	Gomez, Luisa	
STREET ADDRESS	560 VILLAGE BLVD STE 100		STREET ADDRESS	6336 Ethan Dr., Lake Worth, Fl. 33467	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Vocal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, ANA		NAME	Leyva, Fernando	
STREET ADDRESS	252 DAVIS RD		STREET ADDRESS	2542 Lakehaven Rd. 33415	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP	La P. Bay, Ft. Lauderdale	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vocal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, LINDA M		NAME	Sandra Hammerstein	
STREET ADDRESS	P.O. BOX 222584		STREET ADDRESS	S.F. W.M.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33422		CITY-ST-ZIP	3301 Gun Club Rd., W.P.B. 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMACEIRO, MARI		NAME		
STREET ADDRESS	1531 W PALMETTO PARK RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
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: <u>Martha M. Pardo</u>			Date: <u>4-26-04</u>		Daytime Phone #: <u>561-969-7988</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Martha M. Pardo, Executive Director