

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002229

FILED  
May 07, 2012  
Secretary of State

**Entity Name:** INTERAMERICAN COMMUNITY ACTION, INC.

**Current Principal Place of Business:**

2393 SOUTH CONGRESS AVE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6474  
LAKE WORTH, FL 33466474 US

**New Mailing Address:**

**FEI Number:** 65-0487635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARDO, MARTHA E.D.  
2393 SOUTH CONGRESS AVENUE  
LAKE WORTH, FL 33406 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: CHR  
Name: PARDO, MARTHA M  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

Title: VCHR  
Name: RODRIGUEZ, MANUEL  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

Title: T  
Name: GARCIA, MARIVEL  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

Title: S  
Name: GRACIA-SMITH, ANGELA  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

Title: D  
Name: GONZALEZ, CARLOS  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

Title: D  
Name: LOPEZ, LUIS  
Address: PO BOX 6474  
City-St-Zip: LAKE WORTH, FL 33466

I hereby 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 all other like empowered.

SIGNATURE: MARTHA M. PARDO

CHR

05/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date