

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000559

FILED
Jan 22, 2006
Secretary of State

Entity Name: VOLUSIA COUNTY HISPANIC ASSOCIATION INC.

Current Principal Place of Business:

766 DELTONA BLVD
STE A
DELTONA, FL 32725

New Principal Place of Business:

777 DELTONA BLVD
STE 19
DELTONA, FL 32725

Current Mailing Address:

P.O. BOX 390361
DELTONA, FL 327390361

New Mailing Address:

FEI Number: 65-0549680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENIZAC, ZENaida
766 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

VALLE, RAFAEL A
777 DELTONA BLVD
STE 19
DELTONA, FL 32725 US

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: RAFAEL A. VALLE

01/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: DENIZAC, ZENaida
Address: 2010 MONTECITO AVE
City-St-Zip: DELTONA, FL 32725

Title: VPSD () Delete
Name: BENEJAN, DAVID
Address: 650 NARDELL DR
City-St-Zip: DELTONA, FL 32725

Title: VPTD () Delete
Name: VALLE, RAFAEL
Address: 2588 NEWMARK DR.
City-St-Zip: DELTONA, FL 32728

Title: D () Delete
Name: SANTIAGO, DAVID
Address: 2631 EUTACE AVENUE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: VALLE, RAFAEL A
Address: 2588 NEWMARK DR.
City-St-Zip: DELTONA, FL 32725

Title: VPSD (X) Change () Addition
Name: OSVALDO, QUIROZ
Address: 834 LAKE MARION DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: FLORES, OLGA
Address: 2612 COURTLAND BLVD.
City-St-Zip: DELTONA, FL 32728

Title: SD (X) Change () Addition
Name: FLORES, OLGA
Address: 2612 COURTLAND BLVD.
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL A. VALLE

PPD

01/22/2006

Electronic Signature of Signing Officer or Director

Date