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1997 05-13 10 2:45

STATE OF FLORIDA
SECRETARY OF STATE



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002324 (0)**

1. Corporation Name

THE DELTONA HISPANIC SPORT CLUB, INC.

Principal Place of Business

Mailing Address

**2531 HENDERICKS TER
DELTONA AL 32738**

**2531 HENDERICKS TER
DELTONA AL 32738-1537**

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
07/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **32738**

25 **Volusia**

29

30

4. FEI Number
APPLIED FOR

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLETI, ENRIQUE M
2531 HENDRICKS TER
DELTONA FL 32738**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **GALLETI, ENRIQUE M**
STREET ADDRESS **2531 HENDRICKS TER**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DV** ☐ DELETE
NAME **MANUEL**
STREET ADDRESS **1155 TIVOLI DR**
CITY-ST-ZIP **DELTONA FL**

TITLE **DT** ☐ DELETE
NAME **RIVERA, MAIGUEL A**
STREET ADDRESS **1640 HUMPHREY CT**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DS** ☐ DELETE
NAME **MARTINEZ, CRUCITA L**
STREET ADDRESS **2531 HENDRICKS TER**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ DELETE
NAME **NAZARIO, NEFTALI**
STREET ADDRESS **1051 TIVOLI DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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

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SCC 10-6-97

14. I do 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 43 if changed, or on an attachment with an address.

CR2E037 (9/96)