

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90005 019 ****70.00

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1. Entity Name
**FLORIDA'S FIRST COAST HISPANIC CULTURAL
DEVELOPMENT FUND CORP.**



Principal Place of Business
**5121 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216**

Mailing Address
**5121 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216**

14018255



07042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3430733

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, CLARK
5121 BOWDEN ROAD
SUITE 103
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PTD
VARGAS, CLARK
5121 BOWDEN ROAD
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
HERNANDEZ, JORGE
6824 PHILLIPS PARKWAY DRIVE SOUTH
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
CARRERO, LEON
11200-1 ST JOHNS IND PKWY
JACKSONVILLE, FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
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CITY ST ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

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:

Clark Vargas **CLARK VARGAS** *President*

Date

Daytime Phone #