FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002854

1. Corporation Name

2. Principal Place of Business

CIVIC AND CULTURAL HISPANIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address	
P O BOX 3616 SPRING HILL FL 34606 US	P O BOX 3616 Spring Hill Fl 34606 US	

2a. Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90174 020 ****70.00



3. Date Incorporated or Qualifed

21 P. D. B	30x 3616	26 P.O. BOX	361	0	05/15/1997					
Suite, Apt.	26 P. O. Box 3616 Suite, Apt. #, etc.			4. FEI Number Applied For						
22	27			59-3460223		Not.	Applicable			
	014 8 0144				5. Certifcate of Status Desired	X '	\$8.75 Ad			
23 5 PR	City & State Ci			J. Certificate of Status Desired	~	Fee Req	uired			
Zip	Country				6. Election Campaign Financing	П	\$5.00 M	-		
24 34606 25 HERNANDO 29 34611 30 HERNANDO					rust Fund Contribution		Added to	Fees		
Name and Address of Current Registered Agent					10. Name and Address of New	Registered Age				
				81 Name VELEZ ANTHONY M. DD						
CESPEDES, LUIS			2 Street A	eet Address (P.O. Box Number is Not Acceptable)						
5120 CHAMBER CT			12341 DRAYTON DRIVE							
SPRING HILL FL 34609			8	3	•					
			8	4 City			85 Zip Co	de		
				SP	RING HILL	┡┖	340	209		
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	es, the abo	ve-named c	orporation submits this statement for the	purpose of cha	anging its re	egistered		
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 his registered of office or registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617,0503, Florida Statutes.										
SIGNATURE	Butt -	1/2/0/			MA	+ 1.	199	9		
SIGNATURE	Signature, typed or printed name of legistered agent	and title if applicable. (NOTE	: Registered A	jent signature re	quired when reinstating)	DATE		1		
12.	ONFICERS AND	<u>_</u>	13.		ADDITIONS/CHANGES TO OF					
TILE .	PD	☐ DELETE	1.1 TITU	•		L] Change	Addition		
NAME	VELEZ, ANTHONY M		1.2 NAM	E						
STREET ADDRESS	AREA STREET, MARKET			ET ADDRESS				}		
CITY-ST-ZIP			1.4 CITY	-ST-ZIP						
TITLE	VD	OELETE 2		.	VD.)	Change	☐ Addition		
NAME	CESPEDES, LUIS		2.2 NAM	ŧ	DOVI, LUPE		•			
STREET ADDRESS	5120 CHAMBER CT		2.3 STRI	ET ADDRESS	8360 CAMPHOR	Deive		-		
CITY-ST-ZIP	SPRING HILL FL 34609		2.4 CIT	-ST-ZiP	DOVI, LUPE 8360 CAMPHOR SPRING HILL, FL	34606	<u> </u>			
TITLE			3.1 TITU	: [7] Change	☐ Addition		
NAME	VELEZ, PEGGY		3.2 NAM	E)		
STREET ADDRESS	12341 DRAYTON DRIVE		3.3 STR	ET ADDRESS						
CITY-ST-ZIP	SPRING HILL FL 34609		3.4. Cm	-ST-ZIP						
TITLE	SD	☐ DELETE	4.1 TITL	: T	·	[.] Change	Addition)		
NAME	ROGERS, ISABELA		4. 2 NAA	iE				}		
STREET ADDRESS	12364 CORONADO DRIVE		4.3 STR	EET ADDRESS						
CITY-ST-ZIP	SPRING HILL FL 34609		4.4 CITY	-ST-ZIP	·					
TITLE			5.1 TITL				Change	☐ Addition		
NAME			5.2 NAM	E Ì	•			{		
STREET ADDRESS			5.3 STR	EET ADDRESS	•			1		
C/TY-ST-ZIPa	ST CONTRACTOR		5.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL			Ţ.	Change	Addition		
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STR	EET ADDRESS				}		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP						

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 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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: