


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003929 1. Entity Name HISPANAMERICA, CHRISTIAN FAMILY COMMUNITY SERVICES, INC.		
Principal Place of Business 1197 EAST AVE NORTH SARASOTA, FL 34237	Mailing Address 1197 EAST AVE NORTH SARASOTA, FL 34237	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 04272004 No Chg-NP CR2E037 (10/03) </div>		
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VISTOSO-ROJAS, JULIUSS M 1197 EAST AVE NORTH SARASOTA, FL 34237		
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISTOSO-ROJAS, JULIUSS M 1197 A EAST AVE NORTH SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDR, HZUMELORE 1197 A EAST AVE NORTH SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CINDY 1197 A EAST AVE NORTH SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Juliuss B. Rojas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/27/04 941-362-9639 <small>Date Daytime Phone #</small>