


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90426 013 ****70.00

DOCUMENT # N98000006967					
1. Entity Name HONDURAS RELIEF EFFORTS, INC.					
Principal Place of Business 3101 MCEVAN LANE ORLANDO, FL 32812			Mailing Address 3101 MCEVAN LANE ORLANDO, FL 32812		
2. Principal Place of Business 3101 MCEWAN LA		3. Mailing Address 3101 MCEWAN LA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 54-3547606	
Zip 32812		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, NINA 3101 MCEVAN LANE ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name: CRISTINA-VELASQUEZ Street Address (P.O. Box Number is Not Acceptable): 3101 MCEWAN LA City: ORLANDO FL Zip Code: 32812		
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: <u>Cristina Velasquez</u> <u>CRISTINA-VELASQUEZ</u> <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHACON, JOSE ERNESTO 3101 MCEWAN LANE ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, ANNA MARIA 3180 LAKE GEORGE COVE DR. ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLBROOK, ANNA-MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 335 ROSWELL AVE. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCATO, FRANCISCO 3413 JON JON DR. ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jose Ernesto Chacon</u> <u>JOSE ERNESTO CHACON</u> <u>4/20/04</u> <u>407-207-4632</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					