

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001531

FILED
Apr 30, 2009
Secretary of State

Entity Name: INSTITUTE FOR THE DEVELOPMENT OF LATIN CULTURE, INC.

Current Principal Place of Business:

2121 SE 18TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

1944 WINKLER AVE
FT MYERS, FL 33901

Current Mailing Address:

PO BOX 152257
CAPE CORAL, FL 33915

New Mailing Address:

1944 WINKLER AVE
FT MYERS, FL 33901

FEI Number: 65-1157618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, MICKEY
P.O BOX 152257
CAPE CORAL, FL 33915 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSADO, MICKEY
Address: 2121 SE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: ROSADO, DORIS
Address: 2121 SE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: GOTAY, JOSE A
Address: 7653 PICKOI CIRCLE
City-St-Zip: SACRAMENTO, CA 95822

Title: VP (X) Delete
Name: VILLALOBOS, PLUTARCO M
Address: 2107 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICKEY ROSADO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date