

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009950

Entity Name: NATIONAL HISPANIC LANDSCAPE ALLIANCE, INC.**Current Principal Place of Business:**5751 SW 58TH CT
SOUTH MIAMI, FL 33143-2349**Current Mailing Address:**5751 SW 58TH CT
SOUTH MIAMI, FL 33143-2349**FEI Number:** 27-3757221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EGUES, RAFAEL JR.
5751 SW 58TH COURT
SOUTH MIAMI, FL 33143-2349 US*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**Officer/Director Detail :**

Title PAST PRESIDENT
Name BERRIOS, RAUL A
Address 6512 WHITE POST ROAD
City-State-Zip: CENTREVILLE VA 20121-2177

Title PRESIDENT
Name TORRES, JUAN
Address 77 VICTOR STREET
City-State-Zip: EAST HAVEN CT 06512

Title SECRETARY/TREASURER
Name BERRIOS, PAM
Address 6165-A FULLER COURT
City-State-Zip: ALEXANDRIA VA 22310

Title DIRECTOR
Name DENISON, JOSH
Address 8911 OXON HILL ROAD
City-State-Zip: FORT WASHINGTON MD 20744

Title EXECUTIVE DIRECTOR
Name EGUES, RAFAEL
Address 5751 SW 58 COURT
City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR
Name ARROYO, JOSE
Address 616 EDWARDS ROAD
City-State-Zip: LYMAN SC 29365

Title DIRECTOR
Name CARRILLO, STEPHANIE
Address 3801 CENTURION DRIVE
City-State-Zip: GARNER NC 27529

Title DIRECTOR
Name CORDERO, OMAR
Address 5273 ELKHART STREET
City-State-Zip: DENVER CO 80239

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I hereby 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 all other like empowered.

SIGNATURE: RAFAEL EGUES**EXECUTIVE DIRECTOR****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIAZ, RAFAEL
Address 3329 NORTH LEAVITT
City-State-Zip: CHICAGO IL 60618

Title DIRECTOR
Name GIRALDO, IVAN
Address 2631 KRAMER LANE
City-State-Zip: AUSTIN TX 78758

Title DIRECTOR
Name MEJIA, MARI MEDRANO
Address 12570 EAST 39TH AVENUE
City-State-Zip: DENVER CO 80239

Title DIRECTOR
Name WALTON, III, WILLIAM H.
Address 4900 MARCONI DRIVE
City-State-Zip: ALPHARETTA GA 30005

Title DIRECTOR
Name CHIARELLA, DOMENIC
Address 167 WOLFPIT ROAD
City-State-Zip: SOUTHBURY CT 06488

Title DIRECTOR
Name MACIAS, M. J.
Address 1130 O'BRIEN DRIVE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name TAYLOR, KENNETH
Address 2000 JOHN DEERE RUN
City-State-Zip: CARY NC 27513