

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000424

Entity Name: ALIANZA NACIONAL DE CAMPESINAS, INC.**Current Principal Place of Business:**319 LAMBERT ST SUITE D
OXNARD, CA 93036**Current Mailing Address:**PO BOX 20033
OXNARD, CA 93034 US**FEI Number:** 47-3486630**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP
Name TORRES, EMMA
Address 663 E MAIN ST., SUITE A
City-State-Zip: SOMERTON AZ 85350

Title PRESIDENT
Name CORDERO, ELIZABETH
Address 319 LAMBERT ST SUITE D
City-State-Zip: OXNARD CA 93036

Title T
Name ANDRADE, LORENA
Address 2000 TEXAS AVE
City-State-Zip: EL PASO TX 79901

Title DIRECTOR
Name TREVINO-SAUCEDA, HERMILA
Address 31780 SHELTER DR
City-State-Zip: THOUSAND PALMS CA 92276

Title S
Name SANCHEZ, MARIA PERALES
Address 111 PARK AVE 407
City-State-Zip: BALTIMORE MD 21201

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: TREVINO-SAUCEDA HERMILA**DIRECTOR****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date