

2023 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 PRESIDENT
Name TORRES, EMMA
Address 663 E MAIN ST., SUITE A
City-State-Zip: SOMERTON AZ 85350

Title VP
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 GARCIAS CERVANTES, AUDELIA
Address 319 LAMBERT ST
 SUITE D
City-State-Zip: OXNARD CA 93036

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: HERMILA TREVINO-SAUCEDA**EXECUTIVE DIRECTOR****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date