

2024 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****01/29/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date