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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003340 (4)
1. Corporation Name
PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.



Principal Place of Business Mailing Address
157 CALLAWAY AVE 157 CALLAWAY AVE
SPRING HILL FL 34606 SPRING HILL FL 34606-5311

3. Date Incorporated or Qualified 06/20/1996 3a. Date of Last Report N/A

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3388487		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23	City & State	27	City & State	<input type="checkbox"/>		<input type="checkbox"/>	
24. Zip		25. Country		28. Zip		29. Country	
24	Zip	25	Country	28	Zip	29	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASCAIS, MARIA 157 CALLAWAY AVE SPRING HILL FL 34606				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GOMES, FERNANDO S <input type="checkbox"/> DELETE	1.1 TITLE	D LUCY BOTELHO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6434 CABBAGE LANE	1.2 NAME	6719 LARCH MONTAUE
STREET ADDRESS	NEW PORT RICHEY FL 34653	1.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FERRERIA, ABEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D DEBBIE CHAVES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6329 RIDGE TOP DR	2.2 NAME	6134 6TH AVE
STREET ADDRESS	NEW PORT RICHEY FL 34655	2.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MENDES, MANUEL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D DOROTHY HALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6942 OLD GATE CIRCLE	3.2 NAME	7313 B LAKE MAGNOLIA DR.
STREET ADDRESS	NEW PORT RICHEY FL 34655	3.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DIAS, ALVARO <input type="checkbox"/> DELETE	4.1 TITLE	D RICHARD TAVARES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9120 GREENBRIAR LANE	4.2 NAME	9564 CALLE ALTA CT
STREET ADDRESS	PORT RICHEY FL 34688	4.3 STREET ADDRESS	NEW PORT RICHEY, FL 34655
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D REIS, JUDY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D ANGELO FERREIRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5707 DOLORES DR	5.2 NAME	3452 TOMA HAWK AVE
STREET ADDRESS	HOLIDAY FL 34690	5.3 STREET ADDRESS	SPRING HILL, FL 34606
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MEDEIROS, MARIA <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D AL FRAGOSO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2404 KNOLL DR	6.2 NAME	13103 CYPRESS HILL DR., DI
STREET ADDRESS	SPRING HILL FL 34608	6.3 STREET ADDRESS	HUDSON, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 1/27/97

CR2E037 (9/96)