


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 040 ****70.00

DOCUMENT # N96000003340					
1. Entity Name PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.					
Principal Place of Business 11205 ARECA DRIVE PORT RICHEY, FL 34668		Mailing Address 11205 ARECA DRIVE PORT RICHEY, FL 34668			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6105 Main St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State New Port Richey		4. FEI Number 59-3388487	
Zip		Country FL USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRADE, DIANA M 8848 WATERMAN CT. NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name DAVID A. DORSEY Street Address (P.O. Box Number is Not Acceptable) 6105 Main St. City New Port Richey FL Zip Code 34653		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____				DATE 1/11/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, ROSA C		NAME	John Melo	
STREET ADDRESS	7534 CULBERSON DRIVE		STREET ADDRESS	9837 Hickman Lane	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTELHO, NORBERTO		NAME		
STREET ADDRESS	6920 COLLINGSWOOD CT.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRADE, DIANA M		NAME	Rhonda Azevedo	
STREET ADDRESS	8848 WATERMAN CT.		STREET ADDRESS	14404 Timothy Lane	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	Hudson, FL 34669	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVES, ANTONIO		NAME		
STREET ADDRESS	12512 HOLLYBROOK LN.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34669		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Antonio Alves</u>				Date 1/11/08 1-727-856-7987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40002300



01092008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

1/11/08

1/11/08 1-727-856-7987