

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001245

**Entity Name:** PUERTO RICANS IN FLORIDA CULTURAL ORGANIZATION INC**Current Principal Place of Business:**4369 DALE RD  
WEST PALM BEACH, FL 33406**Current Mailing Address:**4369 DALE RD  
WEST PALM BEACH, FL 33406 US**FEI Number: 81-5440654****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARRILLO, DARLENE  
4369 DALE RD  
WEST PALM BEACH, FL 33406 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 D, P, EXECUTIVE SECRETARY  
Name CARRILLO, DARLENE  
Address 4369 DALE RD  
City-State-Zip: WEST PALM BEACH FL 33406Title D, OFFICER  
Name BIAGGI, WILLIAM  
Address 6727 ISLANDER LANE  
City-State-Zip: TAMPA FL 33615Title D, VP TREASURER  
Name DUFFY, AWILDA  
Address 1252 QUEENS HARBOR BLVD  
City-State-Zip: JACKSONVILLE FL 32225Title D, S, OFFICER  
Name STEPHENS, JACK  
Address 4369 DALE RD  
City-State-Zip: WEST PALM BEACH FL 33406Title OFFICER  
Name PENA BRINKS, NANCY  
Address 4369 DALE RD  
City-State-Zip: WEST PALM BEACH FL 33406

*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: DARLENE CARRILLO****PRESIDENT****04/30/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date