

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007750

FILED
Oct 28, 2004
Secretary of State**Entity Name:** FORT PIERCE MULTILATERAL CULTURE CENTER, INC.**Current Principal Place of Business:**33 VIRGINIA BLVD
FT PIERCE, FL 34947**New Principal Place of Business:**1124 ROSEDALE AVENUE
FT PIERCE, FL 34982**Current Mailing Address:**33 VIRGINIA BLVD
FT PIERCE, FL 34947**New Mailing Address:**1124 ROSEDALE AVENUE
FT PIERCE, FL 34982**FEI Number:** 65-1055245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**GAYMAN, JEROME Z
33 VIRGINIA BLVD
FT PIERCE, FL 34947 US**Name and Address of New Registered Agent:**GAYMAN, JEROME Z
1124 ROSEDALE AVENUE
FT PIERCE, FL 34982 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: JEROME Z. GAYMAN

10/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: GAYMAN, JEROME Z
Address: 33 VIRGINIA BLVD
City-St-Zip: FT PIERCE, FL 34947**Title:** PD () Delete
Name: MINTON, BILL
Address: 6101 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34982**Title:** VPD () Delete
Name: BENNETT, MARY
Address: 2101 VALENCIA AVENUE
City-St-Zip: FT PIERCE, FL 34946**Title:** SD () Delete
Name: PINO, VERONICA
Address: 1425 SW ROBYS WAY
City-St-Zip: PALM CITY, FL 34990**Title:** TD () Delete
Name: BARNES, BETTY J
Address: 1711 N 25TH STREET, SUITE D
City-St-Zip: FT PIERCE, FL 34947**Title:** P () Delete
Name: HARRIS, PEGGY
Address: 2702 AVE
City-St-Zip: FORT PIERCE, FL 34947**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: GAYMAN, JEROME Z
Address: 1124 ROSEDALE AVENUE
City-St-Zip: FT PIERCE, FL 34982**Title:** PD (X) Change () Addition
Name: HARRIS, PEGGY
Address: 2702 AVENUE I
City-St-Zip: FT PIERCE, FL 34950**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: BUTLER, MARY
Address: 1816 AVE Q
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEROME Z. GAYMAN

CEO

10/28/2004

Electronic Signature of Signing Officer or Director

Date