


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 003 \*\*\*\*61.25

<b>DOCUMENT # N00000007750</b> 1. Entity Name <b>FORT PIERCE MULTILATERAL CULTURE CENTER, INC.</b>					
Principal Place of Business <b>1124 ROSEDALE AVENUE FT PIERCE, FL 34982</b>			Mailing Address <b>1124 ROSEDALE AVENUE FT PIERCE, FL 34982</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1055245</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GAYMAN, JEROME Z 1124 ROSEDALE AVENUE FT PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GAYMAN, JEROME Z</b> <b>1124 ROSEDALE AVENUE</b> <b>FT PIERCE, FL 34982</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>HARRIS, PEGGY</b> <b>2702 AVENUE I</b> <b>FT PIERCE, FL 34950</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>BENNETT, MARY</b> <b>2101 VALENCIA AVENUE</b> <b>FT PIERCE, FL 34946</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>PINO, VERONICA</b> <b>1425 SW ROBYS WAY</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>BARNES, BETTY J</b> <b>1711 N 25TH STREET, SUITE D</b> <b>FT PIERCE, FL 34947</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>BUTLER, MARY</b> <b>1816 AVE Q</b> <b>FORT PIERCE, FL 34950</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

**50063998**



08042005 Chg-NP CR2E037 (10/03)

8/15/05