2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
07-21-2003 90359 037 ****61.25

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DOCUMENT # N00000007750

1. Entity Name

FORT PIERCE MULTILATERAL CULTURE CENTER, INC.

Principal Place of Business	Mailing Address
33 VIRGINIA BLVD FT PIERCE FL 34947	33 VIRGINIA BLVD FT PIERCE FL 34947

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1055245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAYMAN, JEROME Z 33 VIRGINIA BLVD FT PIERCE FL 34947	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYMAN, JEROME Z 33 VIRGINIA BLVD FT PIERCE FL 34947	☐ Delete	Peggy Harris, President 2703 Ave. "I" Fort Pierce, FL 34947	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ MINTON, BILL 6101 SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34982	☐ Delete	Gail Searles 2306 St. Lucie BLVD Ft Pierce, FL 34946	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BENNETT, MARY 2101 VALENCIA AVENUE FT PIERCE FL 34946	☐ Delete	MS. Mary Butler 1618 Ave. Q Fort Pierce, FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PINO, VERONICA 1425 SW ROBYS WAY PALM CITY FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARNES, BETTY J 1711 N 25TH STREET, SUITE D FT PIERCE FL 34947	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED 7/11/03 772-489-8538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #