


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001591	
1. Entity Name MULTICULTURAL ADULT CENTER, INC.	

Principal Place of Business 2605 S PARSONS AVE SEFFNER, FL 33584	Mailing Address 2605 S PARSONS AVE SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE

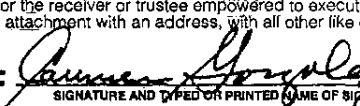
6. Name and Address of Current Registered Agent KOSAN, RICHARD R ESQ. 1104 N PARSONS AVE, STE C BRANDON, FL 33510	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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Filing Fee is \$51.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, GABRIEL A 711 SUNBRIGHT DR. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARMEN 2605 S. PARSONS AVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, LESTER A 3104 RIPPLEWOOD DR. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, YEZENIA 709 SUNBRIGHT DR. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	07/11/05 (813) 685-0108 <small>Date Daytime Phone #</small>