2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000001591

Entity Name: MULTICULTURAL RESOURCE CENTER AND MULTICULTURAL ADULT CENTER, INC.

Current Principal Place of Business:

2605 S PARSONS AVE
SEFFNER, FL 33584

New Principal Place of Business:

6720 C.R. 579 N.
SEFFNER, FL 33584

Current Mailing Address:

2605 S PARSONS AVE
SEFFNER, FL 33584

New Mailing Address:

6720 C.R. 579 N.
SEFFNER, FL 33584

FEI Number: 65-1184378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, CARMEN
2605 S. PARSONS AVENUE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HILLMAN, PATRICIA
Address: 404 HUDSON PLACE
City-St-Zip: SEFFNER, FL 33584 US

Title: PRES ( ) Delete
Name: GONZALEZ, CARMEN
Address: 2605 S, PARSONS AVE
City-St-Zip: SEFFNER, FL 33584 US

Title: SECR ( ) Delete
Name: MARTINEZ, DINA
Address: 19278 WOOD SAGE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: TREA ( ) Delete
Name: NIEVES, YEZENIA
Address: 709 SUNBRIGHT DR.
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARMEN GONZALEZ P 04/30/2008

Electronic Signature of Signing Officer or Director — Date