

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001591

FILED  
Mar 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

DIR

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date