2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2008
Secretary of State

DOCUMENT# N03000009886

Entity Name: POLYNESIAN CULTURE ASSOCIATION, INC

Current Principal Place of Business:

4491 NW 19 AVE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

4491 NW 19 AVE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 75-3134509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEAO, TAMA S
4491 NW 19 AVE
OAKLAND PARK, FL 33309 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: P ( ) Delete
Name: LEAO, TAMA S
Address: 4491 NW 19 AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: V ( ) Delete
Name: LEAO, TAMA S JR
Address: 4491 NW 19 AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: S ( ) Delete
Name: LEAO, LUISA K
Address: 4491 NW 19 AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: BC ( ) Delete
Name: DEL ROSARIO, ROSE MARIE
Address: 4942 TRADEWINDS TERRACE
City-St-Zip: DANIA BEACH, FL 33312

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: TAMA LEAO P 09/06/2008

Electronic Signature of Signing Officer or Director — Date