

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N33368 (4)

1. Corporation Name

PUERTO RICAN AMERICAN CLUB, INC.

Principal Place of Business

P.O. BOX 6346  
SPRING HILL FL 34606

Mailing Address

P.O. BOX 6346  
SPRING HILL FL 34606



500001868945  
-06/20/96--01023--001

3. Date Incorporated or Qualified  
07/24/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, ARIEL  
4099 SUGARHILL DR.  
SPRING HILL FL 34606

81 Name

Diaz, Jose A

82

Street Address (P.O. Box Number is Not Acceptable)

4643 Kennedy Dr.

83

New Port Richey

84

City

FL

85

Zip Code

34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jose A. Rivera*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME PD  
RIVERA, ARIEL  
STREET ADDRESS 4099 SUGARFOOT DR.  
CITY-ST-ZIP SPRING HILL FL 34606

12 NAME PD  
13 STREET ADDRESS Diaz, Jose A  
14 CITY-ST-ZIP 4643 Kennedy Dr.  
New Port Richey, FL 34652

TITLE ☐ DELETE

21 TITLE ☒ Change ☐ Addition

NAME VD  
VELEZ, ALEXANDER  
STREET ADDRESS 240 E. EARLY STREET  
CITY-ST-ZIP BROOKSVILLE FL 34601

22 NAME VD  
23 STREET ADDRESS Rivera, Ariel  
24 CITY-ST-ZIP P.O. Box 5662 4099 SUGARFOOT DR.  
Spring Hill, FL 34606

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME SD  
VELEZ, EVELYNDA  
STREET ADDRESS 240 EARLY STREET  
CITY-ST-ZIP BROOKSVILLE FL 34601

32 NAME SD  
33 STREET ADDRESS Rodriguez, Manuel  
34 CITY-ST-ZIP 7512 Pinehurst Dr.  
Spring Hill, FL 34606

TITLE ☐ DELETE

41 TITLE ☒ Change ☐ Addition

NAME TD  
MORALES, WILFREDO  
STREET ADDRESS 13515 BONITA AVE.  
CITY-ST-ZIP SPRING HILL FL 34609

42 NAME SD  
43 STREET ADDRESS Diaz, Ana J  
44 CITY-ST-ZIP 4643 Kennedy Dr.  
New Port Richey FL 34652

TITLE ☐ DELETE

51 TITLE ☒ Change ☐ Addition

NAME SD  
RUBIO, YOLAIDA  
STREET ADDRESS 1336 PIPER RD.  
CITY-ST-ZIP SPRING HILL FL 34606

52 NAME TD  
53 STREET ADDRESS Velez, Alexander  
54 CITY-ST-ZIP 240 E. Early St.  
Brooksville, FL 34601

TITLE ☐ DELETE

61 TITLE ☒ Change ☐ Addition

NAME TD  
CORREA, DENNISE  
STREET ADDRESS 1450 GREENVIEW AVE.  
CITY-ST-ZIP SPRING HILL FL 34606

62 NAME SD  
63 STREET ADDRESS Rosario, Grace  
64 CITY-ST-ZIP P.O. Box 1163 7531 Christina Lane  
Eufora, FL 34680 1163 Port Richey, FL 34652

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jose A. Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 841-8614

Daytime Phone

CR2E037 (12/95)