FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90026 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35927**

1. Corporation Name

PORTUGUESE/AMERICAN CLUB OF PALM COAST INC.

Principal Place of Business	Mailing Address
25 OLD KINGS ROAD NORTH SUITE 8-A PALM COAST FL 32137	P.O. BOX 354250 PALM COAST FL 32135-4250

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/04/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3078703 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MENDES, CELSO
45 WESTMORELAND DR.
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 x Celso C. Mendes Pres. Celso C. Mendes 1-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MENDES, CELSO		1.2 NAME		
STREET ADDRESS	45 WESTMORELND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIEGAS, HENRIQUE		2.2 NAME		
STREET ADDRESS	64 WHIPPORWILL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CABRAL, LAURO		3.2 NAME		
STREET ADDRESS	10 WALLSTONE PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		3.4. CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LOPES, PAULA		4. 2 NAME	SILVA, ANTONIO	
STREET ADDRESS	86 PROVIDENCE LANE		4.3 STREET ADDRESS	13 CENTRAL PLACE	
CITY-ST-ZIP	PALM COAST FL 32164		4.4 CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: x Celso C. Mendes SIGNATURE REQUIRED 1-27-99 44.3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)