2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State
08-26-2004 90004 028 ****61.25

DOCUMENT # N35927

1. Entity Name
PORTUGUESE AMERICAN CULTURAL CENTER 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

05052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1200 PALM HARBOR PARKW.	1200 PALM HARBOR PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST, FLORIDA	City & State: PALM COAST, FL
Zip: 32137 Country: FLAGLER	Zip: 32137 Country: FLAGLER

4. FEI Number 59-3078703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMARAL, ANTONIO 9 CONTWOOD LANE PALM COAST, FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMARAL, ANTONIO 9 CONTWOOD LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ARRAIAL, FERNANDO 27 PRINCETON LANE PALM COAST, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT IVONE CARNEIRO 17 COOLIDGE COURT PALM COAST, FL 32137	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ABREU, ERNESTO 12 PROVIDENCE LANE PALM COAST, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ ~~AUGUSTO COSTA~~ ~~PALM COAST, FL 32137~~	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VIEGAS, HENRY 64 WHIPPORWILL DR PALM COAST, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~LAURO CABRAL~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~LAURO CABRAL~~ +	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GENERAL ASSEM LAURO CABRAL 10 WALLSTONE PLACE PALM COAST, FL 32164	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO AMARAL 8-22-04 445-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #