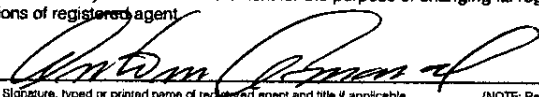
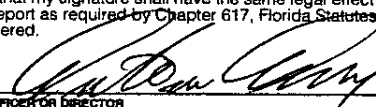


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 25 OLD KINGS ROAD NORTH SUITE 8-A PALM COAST, FL 32137			Mailing Address P.O. BOX 354250 PALM COAST, FL 32135-4250		
2. Principal Place of Business 1200 PALM HARBOR PARKWAY		3. Mailing Address 1200 PALM HARBOR PARKWAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05052004 Chg-NP CR2E037 (10/03)	
City & State PALM COAST, FLORIDA		City & State PALM COAST, FL		4. FEI Number 59-3078703	
Zip 32137		Country FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMARAL, ANTONIO 9 CONTWOOD LANE PALM COAST, FL 32137		7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable.				DATE 8-22-04	
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 ☐ Delete 9 CONTWOOD LANE PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARRAIAL, FERNANDO ☒ Delete 27 PRINCETON LANE PALM COAST, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ☒ Change ☒ Addition IVONE CARNEIRO 17 COOLIDGE COURT PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABREU, ERNESTO ☒ Delete 12 PROVIDENCE LANE PALM COAST, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☒ Change ☒ Addition AUGUSTO COSTA PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIEGAS, HENRY ☐ Delete 64 WHIPPOWILL DR PALM COAST, FL		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 ☐ Change ☒ Addition LAURO CABRAL 10 WALLSTONE PLACE PALM COAST, FL 32164	
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 				Date 8-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 445-9393	