2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2005 8:00 am Secretary of State DOCUMENT # N35927 04-11-2005 90182 013 ****61.25 1. Entity Name PORTUGUESE AMERICAN CULTURAL CENTER OF PALM COAST, INC. Principal Place of Business Mailing Address 20036088 1200 PALM HARBOR PARKWAY 1200 PALM HARBOR PARKWAY PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3078703 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMARAL, ANTONIO 9 CONTWOOD LANE Street Address (P.O. Box Number is Not Acceptable) PALM COAST, FL 32137 Zip Code 9. 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition AMARAL, ANTONIO NAME HAME 9 CONTWOOD LANE STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP COTY-ST-7IP TSELF Dalete De Change Addition MARQUES VICTOR CARNEIRO, IVONE NAME NAME 17 COOLIDLE COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP PALM WAST, FL 32137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VIEGAS, HENRY NAME NAME 64 WHIPPORWILL DR STREET ADDRESS STREET ADDRESS PALM COAST, FL CITY-ST-ZIP CITY-ST-ZIP PGA TITLE Delete TITLE ☐ Change ☐ Addition NAME CABRAL, LAURAO NAME 10 WALLSTONE PLACE STREET ADDRESS STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TILE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Change

■ Addition