FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 10:09

DOCUMENT # N92000000415 (1)

1. Corporation Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1520 OBERLIN TR LAKE MARY FL 32746 US	1520 OBERLIN TR. LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3163124 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 941754	26 P.O. Box 941754
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MAITLAND FL	28 MAITLAND FL.
24 Zip 32794-1754 25 Country SEMINOLE	29 Zip 30 Country SEMINOLE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERREIRA, AUGUSTO 2109 CLUSTER BRANCH CT LONGWOOD FL 32779	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	AUGUSTO FERREIRA PRES.	☒ Change ☐ Addition
NAME	LOPES, JOE	12 NAME		
STREET ADDRESS	1520 OBERLIN TERR.	13 STREET ADDRESS	2109 CLUSTER BRANCH CT. - D	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	21 TITLE	V. P. MIGUEL ROMAO	☒ Change ☐ Addition
NAME	FERREIRA, AUGUSTO	22 NAME		
STREET ADDRESS	2109 CLUSTER BRANCH CT.	23 STREET ADDRESS	957 EARLY AVE	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	WINTER PARK, FL.	
TITLE	T	31 TITLE	T. BEATRIZ NOLLEY	☒ Change ☐ Addition
NAME	LOPES, MARIA	32 NAME		
STREET ADDRESS	1520 OBERLIN TERR.	33 STREET ADDRESS	4140 TERIWOOD AVE	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S - D	41 TITLE		☐ Change ☐ Addition
NAME	ROMAO, IDALIA	42 NAME		
STREET ADDRESS	957 EARLY AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP		
TITLE	S - D	51 TITLE		☐ Change ☐ Addition
NAME	FERREIRA, ADELAIDE	52 NAME		
STREET ADDRESS	2109 CLUSTER BRANCH CT.	53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: _____ AUGUSTO FERREIRA PRES. 4-22-95 (407) 774-9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031870