

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # N92000000415 (1)

1. Corporation Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

P O BOX 941754
MAITLAND FL 32794-1754
US

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MAITLAND FL 32794-1754
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1992 3a. Date of Last Report 01/13/1997

4. FEI Number 59-3163124 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 P.A.C.O. 26 Sulte, Apt. #, etc.

22 12100 West Colonial Dr 27 City & State

23 Winter Garden, FL 28 City & State

24 Zip Country 25 29 Zip Country 30

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 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 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
NAME FERREIRA, AUGUSTO
STREET ADDRESS 2109 CLUSTER BRANCH CT
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

1.1 TITLE Luciano Lopes PD ☒ Change ☒ Addition
1.2 NAME 12506 Sullivan Rd
1.3 STREET ADDRESS Clermont, FL 34711
1.4 CITY-ST-ZIP

TITLE VP
NAME ROMAO, MIGUEL
STREET ADDRESS 957 EARLY AVE
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

2.1 TITLE VP ☒ Change ☒ Addition
2.2 NAME Manuel Sousa
2.3 STREET ADDRESS 19242 Moorgate St
2.4 CITY-ST-ZIP Orlando, FL 32833

TITLE T
NAME NOLLEY, BEATRIZ
STREET ADDRESS 4140 TERWOOD AVE
CITY-ST-ZIP ORLANDO FL ☒ DELETE

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME Ana Maria Gaspar
3.3 STREET ADDRESS 19867 Lansdowne
3.4 CITY-ST-ZIP Orlando, FL 32833

TITLE SD
NAME ROMAO, IDALIA
STREET ADDRESS 957 EARLY AVE
CITY-ST-ZIP WINTER PARK FL ☐ DELETE

4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME Romao, Idalia
4.3 STREET ADDRESS 957 Early Ave
4.4 CITY-ST-ZIP Winter Park, FL

TITLE SD
NAME FERREIRA, ADELAIDE
STREET ADDRESS 2109 CLUSTER BRANCH CT.
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

5.1 TITLE SD ☐ Change ☐ Addition
5.2 NAME Ferreira, Adelaide
5.3 STREET ADDRESS 2109 Cluster Branch Ct
5.4 CITY-ST-ZIP Longwood, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE SIGNATURE REQUIRED Adelaide Ferreira SD 774-1111 11/1/97

CR2E037 (4/97)