

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 009 ****70.00

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1. Corporation Name

PORTUGUESE AMERICAN CLUB OF ORLANDO, INC.

Principal Place of Business
P A C O
12100 W COLONIAL DR
WINTER GARDEN FL 34787-4141
US

Mailing Address
PACO
12100 W COLONIAL DR
WINTER GARDEN FL 34787-4141
US

* 6 1 1 4 5 7 - 9 0 0 0 6 - 9 5 7 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1992	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3163124	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
24	25	29	30		

SOUSA, MANUEL
19242 MOORGATE ST
ORLANDO FL 32933

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, MANUEL 18242 MOORGATE ST ORLANDO FL 32833 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, RAMIRO 1456 SPRING RIDGE DR WINTER GARDEN FL 34787 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOARES, ALMOR 137 ORANGE RIDGE DR LONGWOOD FL 32779 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMAO, IDALIA 957 EARLY AVE. WINTER PARK FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERREIRA, ADELAIDE 2109 CLUSTER BRANCH CT. LONGWOOD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOS SANTOS, LUIS 5107 SCARSDALE LANE ORLANDO FL 32818 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			Treasure CARLOS NEVES 12010 SAFFRON CT. ORLANDO FL 32837

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/21/99

Date _____

407-925-6952

Daytime Phone #

CR2E037 (5/99)