

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005057

FILED
Jan 05, 2007
Secretary of State

Entity Name: THE PORTUGUESE-AMERICAN CULTURAL CLUB OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

1508 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1508 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0472301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIMAS, LEITAO
6108 PAPAYA DR.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUIS, BENTO
Address: 2471 SE SHELL AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: MARIA, NUNES
Address: 355 SW THORNHILL DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T () Delete
Name: MANUEL, CASTRO
Address: 1073 SE BETHUME CT.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Delete
Name: DULCE, LYNCH
Address: 8258 SANDPINE CIR.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARIA, NUNES
Address: 57 E. CARIBBEAN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CASTRO

T

01/05/2007

Electronic Signature of Signing Officer or Director

Date