## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005057

FILED Jan 13, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1508 SE VILLAGE GREEN DRIVE 1482 SE VILLAGE GREEN DRIVE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 1508 SE VILLAGE GREEN DRIVE 1482 SE VILLAGE GREEN DRIVE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 FEI Number: 65-0472301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DIMAS, LEITAO OLINDA, BENTO 6108 PAPAYA DR. 2471 SHELL AVE FORT PIERCE, FL 34982 PORT ST. LUCIE, FL 34952 US US 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: OLINDA BENTO 01/13/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LUIS, BENTO Name: Name: 2471 SE SHELL AVE. Address: Address: City-St-Zip: PORT ST. LUICIE, FL 34952 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MARIA, NUNES Name: JOAO, ALBUQUERQUE Name: Address: 57 E. CARIBBEAN Address: 5799 SOUTH FEDERAL HWY City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: (X) Change ( ) Addition MANUEL, CASTRO TERESA, SILVA Name: Name: 1073 SE BETHUME CT. Address: Address: 29 AZUL ST. City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: FORT PIERCE, FL 34951 Title: () Delete Title: AS.T ( ) Change (X) Addition Name: Name: EDWARDO, BENTO Address: Address: 805 KEARNY RD. City-St-Zip: City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify 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: LUIS BENTO P 01/13/2008