

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005057

FILED  
Jan 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1482 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1482 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:**

OLINDA, BENTO  
2471 SHELL AVE.  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

NATALIA, MONTEIRO  
12136 RIVERBEND TRACE  
PORT ST. LUCIE, FL 34982 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: NATALIA MONTEIRO

01/24/2009

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: JOAO, ALBUQUERQUE  
Address: 5799 SOUTH FEDERAL HWY  
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete  
Name: TERESA, SILVA  
Address: 29 AZUL ST.  
City-St-Zip: FORT PIERCE, FL 34951

Title: AS.T ( ) Delete  
Name: EDUARDO, BENTO  
Address: 805 KEARNY RD.  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ILDA, BARBOSA  
Address: 826 SW COLLEGE PARK ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: T (X) Change ( ) Addition  
Name: MARIA, MACHADO  
Address: 2833 SE RAWLINGS ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: AS.T (X) Change ( ) Addition  
Name: JOSE, TRIGUEIRO  
Address: 730 SW MYAKKA RIVER TRAIL  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: ILDA BARBOSA

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date