

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
1995 JUL 20 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003627 (6)

1. Corporation Name
PLEASANT CITY MULTI-CULTURAL CENTER, INC.

Principal Place of Business Mailing Address
500 22ND STREET WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/18/1994** 3a. Date of Last Report

4. FEI Number **65-0541045** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAY, CORLETTA
500 22ND STREET
WEST PALM BEACH FL 33407

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when recasting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CLAY, CORLETTA**
STREET ADDRESS **437 19TH STREET, APT. B**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

TITLE **VD**
NAME **WILLIAMS, GLORIA**
STREET ADDRESS **500 22ND STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE **TD**
NAME **CLEVELAND, MICHAEL**
STREET ADDRESS **2220 PONCE DE LEON AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE **SD**
NAME **LINDER, LESLER**
STREET ADDRESS **203 A.E. ISSACS AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE **D**
NAME **BOYLE, JOHN**
STREET ADDRESS **3314 FOREST HILL, SUITE A210**
CITY-ST-ZIP **WEST PALM BEACH FL 33408**

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE **D**
NAME **CARTWRIGHT, CARLTON G**
STREET ADDRESS **P.O. BOX 8785 N/A**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address.

SIGNATURE:

Corletta A. Clay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE OF FILING