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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N94000003627 (6)

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



DEINSTATEMENT 98

Principal Place of Business: 501-21 1/2 Street, 500 22ND STREET, WEST PALM BEACH FL 33407

Mailing Address: 501-21 1/2 STREET, 500 22ND STREET, WEST PALM BEACH FL 33407

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated and in full paid: 07/18/1994

4. FEI Number: 65-0541045

5. Certificate of Status Desired: Yes No \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: Yes No \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CLAY, CORLETTA
500 22ND STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: Gloria V. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 501-21 1/2 STREET
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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: *Gloria V. Williams*
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, CORLETTA	1.2 NAME	<i>Clay, Corletta</i>
STREET ADDRESS	437 19TH STREET, APT. B	1.3 STREET ADDRESS	<i>(Same)</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GLORIA	2.2 NAME	<i>Williams, Gloria</i>
STREET ADDRESS	500 22ND STREET	2.3 STREET ADDRESS	<i>501-21 1/2 St</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	<i>West Palm Beach, Fl. 33407</i>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, LESLER	3.2 NAME	
STREET ADDRESS	203 A.E. ISSACS AVENUE	3.3 STREET ADDRESS	700002716867--6
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	-12/18/98--01111--003
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOHN	4.2 NAME	****236.25
STREET ADDRESS	3314 FOREST HILL, SUITE A210	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTWRIGHT, CARLTON G	5.2 NAME	<i>John Stroman</i>
STREET ADDRESS	P.O. BOX 8785 N/A	5.3 STREET ADDRESS	<i>634-15 St</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33407	5.4 CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>BR 0215</i>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Gloria V. Williams* 10/27/98
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0041205

CR2E037 (10/97)