

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003627

FILED
Apr 01, 2009
Secretary of State

Entity Name: PLEASANT CITY MULTI-CULTURAL CENTER, INC.

Current Principal Place of Business:

PLEASANT CITY MULTI-CULTURAL CENTER
501 21ST STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PLEASANT CITY MULTI-CULTURAL CENTER
501 21ST STREET
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0541045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GLORIA Y
501 21ST STREET
WEST PALM BEACH, FL 33407 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: V () Delete
Name: DRAYTON, JAMES
Address: 506-NORTHWOOD RD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WILLIAMS, GLORIA
Address: 501 21ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: SPENCER, SARAH
Address: 611-20TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: KHAN, MOHAMMED
Address: 509-25TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P () Delete
Name: STROMAN, JOHN
Address: 634 15TH ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: O () Delete
Name: SCRUGGS, ZENOBIA
Address: 610 22ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GLORIA WILLIAMS

D

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date