

# 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