

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90260 037 ****70.00

DOCUMENT # N96000003340

1. Entity Name
**PORTUGUESE-AMERICAN CULTURAL ASSOCIATION,
INC.**



Principal Place of Business
11205 ARECA DRIVE
PORT RICHEY, FL 34668

Mailing Address
11205 ARECA DRIVE
PORT RICHEY, FL 34668

50000188



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3388487

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDRADE, DIANA M
8848 WATERMAN CT.
NEW PORT RICHEY, FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diana M Andrade

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **REIS, OCILIO**
STREET ADDRESS **4416 LAS PALMAS AVENUE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **VP** ☐ Change ☒ Addition
NAME **FRANK C ROSA**
STREET ADDRESS **7534 Culberson Dr**
CITY-ST-ZIP **P. Richey, FL 34668**

TITLE **PRES** ☐ Delete
NAME **BOTELHO, NORBERTO**
STREET ADDRESS **6920 COLLINGSWOOD CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **PRES** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ANDRADE, DIANA M**
STREET ADDRESS **8848 WATERMAN CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ALVES, ANTONIO**
STREET ADDRESS **12512 HOLLYBROOK LN.**
CITY-ST-ZIP **HUDSON, FL 34669**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diana M Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-07

Date

727-849-0967

Daytime Phone #