


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 040 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 6105 Main St. Suite, Apt. #, etc.		
City & State Zip Country			City & State New Port Richey Zip Country FL USA		
4. FEI Number 59-3388487			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			01092008 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent ANDRADE, DIANA M 8848 WATERMAN CT. NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name DAVID A. DORSEY Street Address (P.O. Box Number is Not Acceptable) 6105 Main St. City New Port Richey FL Zip Code 34653	
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 _____ DATE 1/11/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK, ROSA C 7534 CULBERSON DRIVE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Melo 9837 Hickman Lane PORT RICHEY, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTELHO, NORBERTO 6920 COLLINGSWOOD CT. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRADE, DIANA M 8848 WATERMAN CT. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rhonda Azevedo 14404 Timothy Lane Hudson, FL 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVES, ANTONIO 12512 HOLLYBROOK LN. HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Antonio Alves</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/11/08</u> Daytime Phone # <u>1-727-856-7987</u>		