

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90054 030 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002472

1. Corporation Name

POLYNESIAN AMERICAN CULTURE ASSOCIATION, INC.

Principal Place of Business

505 S.W. 14TH STREET
FORT LAUDERDALE FL 33315

Mailing Address

505 S.W. 14TH STREET
FORT LAUDERDALE FL 33315



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

0C 65-0852499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROCHLIN, DEBRA P
900 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ALAILIMA, CHIEF FALA
STREET ADDRESS 505 S.W. 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE V
NAME LILII, NIFO
STREET ADDRESS 505 S.W. 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE S
NAME RODRIGUEZ, SENALA
STREET ADDRESS 505 S.W. 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE T
NAME HILL, FETU
STREET ADDRESS 505 S.W. 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D
NAME TAMA LEAO
STREET ADDRESS 505 SW 14 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D
NAME JEFFREY TROTTER
STREET ADDRESS 505 SW 14 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME RUSSELL GAGLIANO
1.3 STREET ADDRESS 505 SW 14 ST
1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33315

2.1 TITLE D
2.2 NAME JOE TAVITA
2.3 STREET ADDRESS 505 SW 14 ST
2.4 CITY-ST-ZIP FORT LAUDERDALE FL 33315

3.1 TITLE S
3.2 NAME Alofa Levi
3.3 STREET ADDRESS 505 SW 14 St. Ft. Lauderdale Fl 33315

4.1 TITLE T
4.2 NAME Gail Alailima
4.3 STREET ADDRESS 505 SW 14 ST
4.4 CITY-ST-ZIP Fort Lauderdale FL 33315

5.1 TITLE D
5.2 NAME NICK KILIONA
5.3 STREET ADDRESS 505 SW 14 ST
5.4 CITY-ST-ZIP FORT LAUDERDALE FL 33315

6.1 TITLE D
6.2 NAME ULU AUMAVAE
6.3 STREET ADDRESS 505 SW 14 ST
6.4 CITY-ST-ZIP FORT LAUDERDALE FL 33315

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, with all other like empowered.

SIGNATURE: *Chief Alailima*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

(954) 524-9219

Daytime Phone #

CR2E037 (1/198)