2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004
Secretary of State

DOCUMENT# N98000002472

Entity Name: POLYNESIAN AMERICAN CULTURE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0852499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCHLIN, DEBRA P
900 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 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:	TD	( ) Delete
Name:	ALAILIMA, CHIEF FALA	
Address:	505 S.W. 14TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33315	
Title:	DVP	( ) Delete
Name:	LILII, NIFO	
Address:	3861 SW 60TH TERRACE	
City-St-Zip:	DAVIE, FL 33314	
Title:	TS	( ) Delete
Name:	KELLY, FA'ASI'U	
Address:	1115 NW 107 ST	
City-St-Zip:	MIAMI, FL 33168	
Title:	D	( ) Delete
Name:	LEAO, TAMA	
Address:	4491 NE 19TH AVE	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:	T	( ) Delete
Name:	ALAINLIMA, GAIL	
Address:	505 SW 14TH ST	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	D	( ) Delete
Name:	MADRID, MIKE	
Address:	1749 E HALLANDALE BEACH BLVD	
City-St-Zip:	HALLANDALE, FL 33009	

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 for the exemption stated in Section 119.07(3)(i), 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: CHIEF FALA ALAILIMA PRES 05/10/2004
Electronic Signature of Signing Officer or Director — Date