

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000566

FILED
Feb 26, 2006
Secretary of State

Entity Name: MULTICULTURAL CENTRE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

P O BOX 61713
FT MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

P O BOX 61713
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0890596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, LEONARDO
13222 GREYWOOD CIRCLE
FT MYERS, FL 33912 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: D () Delete
Name: GARCIA, LEONARDO
Address: P O BOX 61713 N/A
City-St-Zip: FT MYERS, FL 33906

Title: D () Delete
Name: WHITE, JIM
Address: P O BOX 61713 N/A
City-St-Zip: FT MYERS, FL 33906

Title: D () Delete
Name: RAMOS, CONNIE
Address: P O BOX 61713 N/A
City-St-Zip: FT MYERS, FL 33906

Title: T () Delete
Name: POHLMAN, JACK C
Address: 13836 BALD CYPRESS CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: P () Change (X) Addition
Name: BRUECK, ROBERT DR
Address: 23 FALCONWOOD CT
City-St-Zip: FORT MYERS, FL 33919

Title: S () Change (X) Addition
Name: MCCLELLAN, BARBARA A
Address: 5590 LONGLEAF DR
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK C POHLMAN

T

02/26/2006

Electronic Signature of Signing Officer or Director

Date