

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003627

**Entity Name:** PLEASANT CITY MULTI-CULTURAL CENTER, INC.

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC6014750478**

**Current Principal Place of Business:**

PLEASANT CITY MULTI-CULTURAL CENTER  
501 21ST STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

PLEASANT CITY MULTI-CULTURAL CENTER  
501 21ST STREET  
WEST PALM BEACH, FL 33407 US

**FEI Number: 65-0541045**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DANIEL, R. REED  
501 21ST STREET  
WEST PALM BEACH, FL 33407 US

*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

**Officer/Director Detail :**

Title V  
Name DRAYTON, JAMES  
Address 506-NORTHWOOD RD  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name DANIEL, R. REED  
Address 501 21ST STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title S  
Name SPENCER, SARAH  
Address 611-20TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title T  
Name KHAN, MOHAMMED  
Address 509-25TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title P  
Name STROMAN, JOHN  
Address 634 15TH ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title O  
Name SCRUGGS, ZENOBIA  
Address 610 22ND STREET  
City-State-Zip: WEST PALM BEACH FL 33407

*I hereby 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 all other like empowered.*

**SIGNATURE: R. REED DANIEL**

**CAMPUS MANAGER**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date