

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 013 ****61.25

DOCUMENT # 715482					
1. Entity Name POMPANO BEACH ROTARY FUND, INC.					
Principal Place of Business 40 NE 24TH STREET FORT LAUDERDALE, FL 33305-1022			Mailing Address 40 NE 24TH STREET FORT LAUDERDALE, FL 33305-1022		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1959469	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNOLLY, TINKER H. 40 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305-1022			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	CM	☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME	WOODHOUSE, LINDA		NAME	Rosalind Ritter	
STREET ADDRESS	1003 SE 5TH CT		STREET ADDRESS	3796 NW 62 Court	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	CHR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACLEAN, FREDERICK R JR		NAME		
STREET ADDRESS	2600 NE 14TH ST CAUSEWAY		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINKLE, DARRYL L		NAME		
STREET ADDRESS	2600 NE 14TH ST OSWY		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARNOLD, KENNETH		NAME		
STREET ADDRESS	2118 E ATLANTIC BLV		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LINVILLE, MARSHA		NAME		
STREET ADDRESS	1001 NE 3RD AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLENN, BLAIR		NAME		
STREET ADDRESS	2820 NE 23RD ST.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information included 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>Rosalind Ritter</u>			August 7, 2006 954-771-7204		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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