

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90384 036 ****70.00

44040715



DOCUMENT # N92000001011			
1. Entity Name POMPAÑO BEACH SEAFOOD FESTIVAL CORPORATION			
Principal Place of Business P O BOX 50025 LIGHTHOUSE POINT, FL 33074 US		Mailing Address P O BOX 50025 LIGHTHOUSE POINT, FL 33074 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN C GOOD 1300 SE 13TH AVE DEERFIELD BCH, FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

04292004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0398663

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

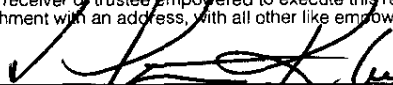
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRELL, GARY PO BOX 699030 NA MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAUS, PHIL PO BOX 5190 NA LIGHTHOUSE POINT, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKELREY, ROSS 2401 E. ATLANTA BLVD. #210 POMPAÑO BEACH, FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Woodhouse, Linda 2200 E. Atlantic Blvd. Pompano Beach, FL 33062 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFRESNE, ANNE 651 SW 8 ST. POMPAÑO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWBOLD, TONY 2200 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARR, PATRICIA 1661 E SAMPLE RD POMPAÑO BCH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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:  **4-29-04 954-570-7785**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #