2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000001011

1. Entity Name
POMPANO BEACH SEAFOOD FESTIVAL CORPORATION

Principal Place of Business	Mailing Address
P O BOX 50025 LIGHTHOUSE POINT, FL 33074 US	P O BOX 50025 LIGHTHOUSE POINT, FL 33074 US

04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0398663

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN C GOOD
1300 SE 13TH AVE
DEERFIELD BCH, FL 33441

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000360897
05/05/05-80052-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORRELL, GARY
STREET ADDRESS	PO BOX 699030 NA
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	MAUS, PHIL
STREET ADDRESS	PO BOX 5190 NA
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	T
NAME	WOODHOUSE, LINDA
STREET ADDRESS	2200 E. ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	T
NAME	DUFRESNE, ANNE
STREET ADDRESS	651 SW 8 ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	NEWBOLD, TONY
STREET ADDRESS	2200 E. ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	T
NAME	CARR, PATRICIA
STREET ADDRESS	1661 E SAMPLE RD
CITY-ST-ZIP	POMPANO BCH, FL 33064

DO NOT WRITE IN THIS SPACE

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: _____ Patricia K CARR 4-28-05 954-942-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #