# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2007**
**Secretary of State**

DOCUMENT# N92000001011

**Entity Name:** POMPANO BEACH SEAFOOD FESTIVAL CORPORATION

**Current Principal Place of Business:**

P O BOX 50025
LIGHTHOUSE POINT, FL 33074 US

**New Principal Place of Business:**

2200 E ATLANTIC BLVD.
POMPANO BEACH, FL 33062 US

**Current Mailing Address:**

P O BOX 50025
LIGHTHOUSE POINT, FL 33074 US

**New Mailing Address:**

**FEI Number: 65-0398663** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

JOHN C GOOD
1300 SE 13TH AVE
DEERFIELD BCH, FL 33441 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: P ( ) Delete
Name: CORRELL, GARY
Address: PO BOX 699030 NA
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete
Name: HARPEST, ROBERT
Address: 855-1001 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete
Name: SANDERHOFF, SANDI
Address: 2200 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Title: SEC ( ) Delete
Name: DUFRESNE, ANNE
Address: 2200 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete
Name: MCCARVER, ROBERT I
Address: 4221 NE 22 TERR.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T ( ) Delete
Name: MELLGREN, LAWRENCE
Address: 5400 NORTH OCEAN BLVD. #32
City-St-Zip: FT. LAUDERDALE, FL 33308

**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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN C. GOOD RA 05/02/2007
Electronic Signature of Signing Officer or Director Date