

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90060 048 ****61.25

0025835

DOCUMENT # N93000002573

1. Corporation Name

EXCHANGE CLUB OF POMPANO BEACH CHARITABLE FOUNDATION, INC.

Principal Place of Business

**1500 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

Mailing Address

**1500 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

65-0416426

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ROTH, RICHARD H
1500 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **WIEDRICH, GREGG B**
STREET ADDRESS **6920 NW 34TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE **TD** ☐ DELETE
NAME **DAVID TAD WILLIAMS**
STREET ADDRESS **6550 N FEDERAL HWY #410**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**TITLE **SD** ☐ DELETE
NAME **ROBERT ZIELINSKI**
STREET ADDRESS **4140 NE 30TH TERR**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE **VPD** ☐ DELETE
NAME **CORRELL, GARY**
STREET ADDRESS **3417 NE 31ST AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **J. KEITH BOWMAN**
5.3 STREET ADDRESS **2331 N.E. 33RD STREET**
5.4 CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David T. Williams, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/13/99 954-771-0896**
Date Daytime Phone #

CR2E037 (11/98)