

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90067 014 ****61.25

DOCUMENT # N93000002573

1. Entity Name

EXCHANGE CLUB OF POMPAÑO BEACH CHARITABLE
FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O: WILLIAM F. SULLIVAN
2211 N.E. 36TH STREET, #204
LIGHTHOUSE POINT FL 33064

C/O: WILLIAM F. SULLIVAN
2211 N.E. 36TH STREET, #204
LIGHTHOUSE FL 33064

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

65-0416426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, WILLIAM F
2211 N.E. 36TH STREET, #204
LIGHTHOUSE FL 33064

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 reinstating)

DATE

**FILE NOW: 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**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **DAVID TAD WILLIAMS**
STREET ADDRESS **6550 N FEDERAL HWY #410**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PD** ☒ Delete
NAME **LINVILLE, PHILLIP D**
STREET ADDRESS **2921 NE 28TH STREET # 104**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VPD** ☐ Delete
NAME **BANKS, LEON**
STREET ADDRESS **1828 NW 48 TERRACE**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **SD** ☐ Delete
NAME **HEISE, LAYNE**
STREET ADDRESS **2201 N.E. 32ND STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **LAWRENCE L. CRISMOND**
STREET ADDRESS **4110 N.E. 30TH AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Tad Williams Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

Daytime Phone #