

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004874 (2)**

1. Corporation Name

**PLEASANT CITY FAMILY REUNION COMMITTEE, INC.**



Principal Place of Business

**4290 NW 19TH STREET, H-301  
LAUDERHILL FL 33313**

Mailing Address

**4290 NW 19TH STREET, H-301  
LAUDERHILL FL 33313**

3. Date Incorporated or Qualified  
**10/11/1995**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEL Number

**65 061 3550**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARKE, EVEREE J  
4290 NW 19TH STREET, H-301  
LAUDERHILL FL 33313**

**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 ☐ DELETE  
NAME **PD CLARKE, EVEREE J**  
STREET ADDRESS **4290 NW 19TH STREET, H-301**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☒ DELETE  
NAME **SD WHITE, EDWARD J**  
STREET ADDRESS **1252 W 6TH STREET**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ DELETE  
NAME **D PRICE, CARRIE J**  
STREET ADDRESS **1891 W 13TH STREET**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **CORIS WALKER**  
1.3 STREET ADDRESS **787 N.W. THIRD STREET**  
1.4 CITY-ST-ZIP **BOYNTON BEACH, FLORIDA 33435**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V/D EDWARD J. WHITE**  
2.3 STREET ADDRESS **1352 W. 6TH STREET**  
2.4 CITY-ST-ZIP **RIVIERA BEACH, FLORIDA 33404**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D DAVID PRESTON**  
3.3 STREET ADDRESS **1359 N. MARGONIA DRIVE**  
3.4 CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33407**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD MARIAN BACON WHITE**  
4.3 STREET ADDRESS **1352 W 6TH STREET**  
4.4 CITY-ST-ZIP **RIVIERA BEACH, FLORIDA 33404**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D GREGORIA JACKSON**  
5.3 STREET ADDRESS **426 22ND ST**  
5.4 CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33407**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D RODERICK STEVENS**  
6.3 STREET ADDRESS **1803 N. TAMARIND AVE.**  
6.4 CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33407**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Everee J. Timerson Clarke*  
EVEREE J. TIMERSON CLARKE

**4/18/96**

Date

Daytime Phone #

CR2E037 (12/95)