

4-14-98 B 4679 C
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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004874 (2)**
1. Corporation Name

PLEASANT CITY FAMILY REUNION COMMITTEE, INC.



Principal Place of Business 2315 N. DIXIE HWY WEST PALM BEACH FL 33407 US	Mailing Address P.O. BOX 4724 WEST PALM BEACH FL 33402 US
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3. Date Incorporated or Qualified

10/11/1995

4. FEI Number

65-0613550

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	CLARKE, EVEREE J	
STREET ADDRESS	4290 NW 19TH STREET, H-301	
CITY - ST - ZIP	LAUDERHILL FL 33313	

TITLE	C	<input type="checkbox"/> DELETE
NAME	ORIS WALKER	
STREET ADDRESS	707 NW THIRD ST.	
CITY - ST - ZIP	BOYNTON BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, CARRIE J	
STREET ADDRESS	1891 W 13TH STREET	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARIAN BACON WHITE	
STREET ADDRESS	1252 W 6TH ST.	
CITY - ST - ZIP	RIVIERA BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRECOLIA JACKSON	
STREET ADDRESS	426 22ND ST.	
CITY - ST - ZIP	W PALM BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODERICK STEVENS	
STREET ADDRESS	1803 N. TAMARIND AVE.	
CITY - ST - ZIP	WEST PALM BCH FL	

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 - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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)(f), 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. Clarke* **EVEREE J. CLARKE** 4/5/98 (561) 832-9799

CR2E037 (10/97)