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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004874

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



2. Principal Place of Business 21 <u>2117 N. DIXIE HWY.</u> Suite, Apt. #, etc. 22 <u>WEST PALM BEACH, FL</u> City & State 23 <u>33407 PALM BEACH</u> Zip Country 24 <u>25</u>		2a. Mailing Address 26 <u>SAME AS ABOVE</u> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 <u>30</u>		3. Date Incorporated or Qualified <u>10/11/1995</u> 4. FEI Number <u>65-0613550</u> 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	
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 <u>EVEREE J. CLARKE</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>5520 N. HAVERHILL ROAD #28</u> 83 <u>WEST PALM BEACH, FL 33407</u> 84 City <u>FL</u> 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 <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>CLARKE, EVEREE J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4290 NW 19TH STREET, H-301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL FL 33313</td> <td></td> </tr> <tr> <td>TITLE</td> <td>C</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>ORIS WALKER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>707 NW THIRD ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BCH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>PRICE, CARRIE J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1891 W 13TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RIVIERA BEACH FL 33404</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>MARIAN BACON WHITE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1252 W 6TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RIVIERA BCH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>GRECOLIA JACKSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>426 22ND ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W PALM BCH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>RODERICK STEVENS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1803 N. 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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: EVEREE J. CLARKE 4/24/99 561 832-9799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)