2001 UNIFORM BUSINESS REPORT (UBR)

CHARKE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # N9500004874 1. Entity Name PLEASANT CITY FAMILY REUNION COMMITTEE, INC. 04-27-2001 90328 024 ****61.25 Principal Place of Business Mailing Address 2117 N DIXIE HWY P.O. BOX 4724 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0613550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CLARKE, EVEREE J 5600 N. FINGLER DR. # 2801 5520 N HAVERHILL ROAD City Zip Code WEST PALM BEACH FL 33407 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/00)TITLE ☐ Delete TITLE Change **Addition** JOHN BROOKS NAME CLARKE, EVEREE J NAME 917 EVERTREGN DRIVE No. PHIM BENCH, FL 33408 STREET ADDRESS 5520 N HAVERHILL RD #28 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE Delete TITLE Change Addition ADELDHUS PLONTGome 24 WHITE, EDWARD J NAME NAME 447 201 STREET STREET ADDRESS STREET ADDRESS 1252 S 6TH ST CITY-ST-ZIP CITY-ST-ZIP WEST PALEN BENCH 11 33401 RIVIERA BCH FL 33404 ☐ Delete TITLE TITLE ☐ Change X Addition BESSIE C. MARVEV NAME PRESTON, DAVID NAME 821 AUS N STREET ADDRESS STREET ADDRESS 1554 N MANGONIA DR RIVIENN BENCH, FL. 33404 CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH FL 33407 WELEN HEIGHT 1621 W. 13M STREET TITLE Delete TITLE ☐ Change Addition RISSIER BERNARD, LORNA NAME NAME STREET ADDRESS STREET ADDRESS 2658 IRMA LAKE DR RIVICAN BENCH, FL 33464 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE **X** Delete Change TITLE Addition NAME GRECOLIA JACKSON MAME YEREL J. CLARKE STREET ADDRESS STREET ADDRESS STOON FINCLER DR #2801 WEST PHAN BEHEHAFK3340T 426 22ND ST. CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL TITLE ☐ Delete TITLE NAME RODERICK STEVENS NAME STREET ADDRESS STREET ADDRESS 1803 N. TAMARIND AVE. CITY-ST-ZIP CITY-ST-7IP Pukin Rench, FL 33407 WEST PALM BCH FL 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. 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.