


2007 NOT-FOR-PROFIT CORPORAT ON ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 007 ****61.25

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| DOCUMENT # N95000004874 | |  | |
| 1. Entity Name PLEASANT CITY FAMILY REUNION COMMITTEE, INC. | | | |
| Principal Place of Business 2117 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Zip | Country | |
| 6. Name and Address of Current Registered Agent CLARKE, EVEREE J 5600 N FLAGLER DRIVE SUITE 2801 WEST PALM BEACH FL 33407 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CLARKE, EVEREE J 5600 N FLAGLER DRIVE SUITE 2801 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MELANIE ZATTI 5600 N. FLAGLER DR 1205 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BROOKS, JOHN 917 EVERGREEN DRIVE NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHIRLEY THOMPSON 3628 AVE O RIVIERA BEACH, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PRESTON, DAVID 1359 MANGONIA DRIVE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MONTGOMERY, ADOLPHUS 447 20TH STREET WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RODERICK STEVENS 1803 N. TAMARIND AVE. WEST PALM BCH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CLARKE, FRANCES Y 5600 N. FLAGLER DR, #2801 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Coree J. Inneson Clarke* **February 17, 2007 (561) 832-9799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #