

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004874

FILED  
Apr 04, 2009  
Secretary of State

**Entity Name:** PLEASANT CITY FAMILY REUNION COMMITTEE, INC.

**Current Principal Place of Business:**

2117 N. DIXIE HWY  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4727  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

**FEI Number:** 65-0613550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARKE, EVEREE J  
5600 N FLAGLER DRIVE  
SUITE 2801  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARKE, EVEREE J  
Address: 5600 N FLAGLER DRIVE SUITE 2801  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: MATTHEWS, FRANK  
Address: 4013 TEMPLE STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: JACKSON, GRECOLIA  
Address: 1104 EDITH DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete  
Name: PEART, DAVID O DR.  
Address: 10 CLINTON PLACE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete  
Name: EVANS, JOHN  
Address: 1011 W. SECOND STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: CLARKE, FRANCES Y  
Address: 5600 N. FLAGLER DR, #2801  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ZATTI, MELANIE  
Address: 5600 N FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVEREE JIMERSON CLARKE

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date