

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17786

Entity Name: POMPANO PROUD, INC.**Current Principal Place of Business:**840 NE 23RD AVE
POMPANO BEACH, FL 33062**Current Mailing Address:**P.O. BOX 78
POMPANO BEACH, FL 33061-0078 US**FEI Number:** 59-2767171**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIEBERT, MARGIE B
2624 S.E. 9TH STREET
POMPANO BEACH, FL 33062 US*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:** MARGIE B. SIEBERT

04/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name WALDO, LEE S
Address 2361 NE 48TH COURT
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title D
Name WALTERS, SHERRY
Address 2236 SE 9 ST
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name MOREHOUSE, MARJORY
Address 2655 N.E. 9 STREET
City-State-Zip: POMPANO BEACH FL 33062

Title PRESIDENT, DIRECTOR
Name JOHNSON, SCOTT
Address 840 NE 23 AVE
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY, DIRECTOR
Name MCMAHON, CLAUDIA
Address 27 NE 16 AVENUE
City-State-Zip: POMPANO BEACH FL 33060

Title SECRETARY, DIRECTOR
Name MCMAHON, CLAUDIA
Address 27 NE 16 AVE
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name JOHNSON, KAY
Address 213 SE 23 AVE
City-State-Zip: POMPANO BEACH FL 33062

Title TREASURER, DIRECTOR
Name SIEBERT, MARGIE
Address 2624 SE 9 STREET
City-State-Zip: POMPANO BEACH FL 33062

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I hereby 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 all other like empowered.

SIGNATURE: MARGIE B SIEBERT

TREASURER

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JURKEWICZ, GENEVA
Address 1020 NE 23 CT
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name FALLEK, KAREN
Address 609 NE 23 TERRACE
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name LE GOFF, GEORGETTE
Address 2608 SE 13TH COURT
City-State-Zip: POMPANO BEACH FL 33062