

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004874

**Entity Name:** PLEASANT CITY FAMILY REUNION COMMITTEE, INC.**Current Principal Place of Business:**605 EXECUTIVE CENTER DR #203  
WEST PALM BEACH, FL 33401**Current Mailing Address:**P.O. BOX 4724  
WEST PALM BEACH, FL 33402 US**FEI Number:** 65-0613550**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARKE, EVEREE J  
605 EXECUTIVE CENTER DR #203  
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            FITCHUE, LEAH GASKIN DR  
Address        2022 FLAGLER PLACE, NW  
                  APT 101  
City-State-Zip: WASHINGTON DC 20001

Title            DIRECTOR  
Name            PRIMOUS, CORNELIA  
Address        260 HERITAGE LAKE DRIVE  
City-State-Zip: FAYETTEVILLE GA 30214

Title            DIRECTOR  
Name            HARPER, RONALD ATTY  
Address        336 PELLHAM RD  
City-State-Zip: PHILADELPHIA PA 19144-3307

Title            VICE PRESIDENT  
Name            CLARKE, FRANCES Y  
Address        2400 PRESIDENTIAL WAY  
                  806  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SECRETARY  
Name            WILSON, ELOUISE  
Address        1281 WEST 1ST STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DIRECTOR  
Name            WILLIAMS, TONA  
Address        4786 23RD LANE N  
                  ROUTE 185  
City-State-Zip: WEST PALM BEACH FL 33417

Title            PRESIDENT  
Name            CLARKE, EVEREE J  
Address        605 EXECUTIVE CENTER DR #203  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            HAMILTON, ESTER  
Address        1439 AVENUE E  
City-State-Zip: RIVIERA BEACH FL 33404

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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:** EVEREE CLARKE**PRESIDENT****05/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHERMAN, ESTHER  
Address 3858 O'RILLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32220

Title DIRECTOR  
Name KAPLAN, GLENDA BYRD  
Address 6245 RED CEDAR CIRCLE  
City-State-Zip: GREENACRES FL 33462

Title DIRECTOR  
Name REDDING, MARGARITE LEWIS  
Address 919 30TH COURT  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name EWERS, DEANNA  
Address 17186 MURCOTT BLVD  
City-State-Zip: LOXAHATCHEE FL 33412