FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

POMPANO PLAYERS, INC.

FILED

Apr 10 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						JA CIJA CICA ILO		
1900 NE 6TH ST POMPANO BEACH FL 33061		PO BOX 2045 POMPANO BEACH FL 33061-2045						
US		US			3. Date incorporated or Qualified 09/20/1960	3a. Date of La 03/26/		
· · · · · · · · · · · · · · · · · · ·	nolpal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
Suite Ant	26 Suffe, Apt. #, etc. Si		Pulto Ant # oto		23-7102768		Not Applicable	
22	Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	· ·	City & State		6. Election Campaign Financing		00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country Zip Cour			try	8. This corporation has liability for intangible tax under s. 199.032,			
4	25 29 29 9, Name and Address of Current Registered Agent			Statutes				
,	o, in the state of	ni i i gini ji u zigoti.		Name	10. Name and Names of flow flo	giotorea Agein		
STEINRE	RG, CHRISTINE S.		 -	32 Street Ado	dress (P.O. Box Number is Not Acceptab	(0)		
	51ST ST		1,	Sileet Add	iress (r.o. box nomber is not Acceptab	10)		
	ERDALE FL 33334		[3				
	Marie Contract		h	14 City		85	Zip Code	
	*					FL	•	
11. Pursuant t office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Stati o of Florida. Such change was	utes, the abo s authorized	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changir It the appointment	ng its registered Las registered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, F	Florida Statu	les.			-	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	Olf: Begistered /	Agont signatura requi	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	~	TORS IN 12	
TITLE	D	DELETE	1.1 THE			☐ Chan	ge 🔲 Addition	
NAME	LEERS, FRED		1.2 NAN	ie	<u> </u>			
STREET ADDRESS	3424 SE 12TH ST, SUITE C3	3	1.3 \$TR	E1 ADDRESS	Same			
CITY+ST-ZIP	POMPANO BCH FL	T DOLETE		-ST-ZIP			. Age.	
TITLE	D D	DELETE	2.1 TiTL	1		∐ Chan	ge 🗌 Addition	
NAME Street address	STOCKTON, DAVE 1461 NE 55 ST		2.2 NAM	EET ADDRESS	5 0000			
CITY-ST-ZIP	FT LAUDERDALE FL			1-87-ZIP	June	-		
TITLE	P	DELETE	3.1 TITL			Chan	ge Addition	
NAME	STEINBERG, CHRISTINE		3.2 NAM	E			• —	
STREET ADDRESS	1611 NE 51ST ST		3.3 STR	ET ADDRESS	Same Same			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CIT	r-ST-ZIP				
TITLE	V	DELETE	4.1 T(T)		VICE PRESIDE 1:TCH NOWAK 1951 NE 17 AVE	Chan	ge Addition	
NAME	CRONIN, JOAN		4. 2 NAM	de L	TEH NOWAK			
STREET ADDRESS	4040 NE 18TH AVE			ET ADDRÉSS	1451 NE 17 AVE	2011		
CITY-ST-ZIP	POMPANO FL	DELETE		-ST-ZIP	POMPANO FL 3	> > 06 4 Chan	ge Addition	
TITLE	COFFELT, KRIS	En piccit	5.1 TITU 5.2 NAM	- 1		·	Ac T WOOTEN	
STREET ADDRESS	2500 SE 3RD ST		S	ET ADDRESS	Same	_		
DITY-ST-ZIP	POMPANO BCH FL		1					
TITLE	D	DELETE	6.1 TITL	<u> </u>	SECRETARY	☐ Chan	geAddition	
NAME	MARTIN, BETSY		6.2 NAM	E	ANN STOCKTO	j	•	
STREET ADDRESS	3220 SE 12TH ST		6.3 STRE	ET ADDRESS	1461 NE ESST	REET		
CITY-ST-ZIP	POMPANO BEACH FL			-S1-ZIP	1461 NE 55 STI	3330	P	
Information	n Indicated on this annual report or s	supplemental annual report is	true and ac	curate and tha	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal art as required by Chapter 617, Florida St	s. I further certify t effect as if made	hat the under oath; the	