

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

02-11-2004 90005 042 ***61.25

DOCUMENT # 715482

1. Entity Name
POMPANO BEACH ROTARY FUND, INC.



Principal Place of Business
**40 NE 24TH STREET
FORT LAUDERDALE, FL 33305-1022**

Mailing Address
**40 NE 24TH STREET
FORT LAUDERDALE, FL 33305-1022**

66429888



07022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1959469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNOLLY, TINKER H.
40 NORTHEAST 24TH STREET
FT. LAUDERDALE, FL 33305-1022**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REX HARDIN 140 SW 15TH AVE (MCNAB RD) POMPANO BEACH, FL 33060
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHR MACLEAN, FREDERICK R JR 2600 NE 14TH ST CAUSEWAY POMPANO BEACH, FL 33062
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FOWLKES, C.J. 3410 SPRING STREET #3 POMPANO BEACH, FL 330622901
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ARNOLD, KENNETH 2118 E ATLANTIC BLV POMPANO BEACH, FL 33060
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LINVILLE, MARSHA 1001 NE 3RD AVE POMPANO BEACH, FL 33060
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GLENN, BLAIR 2820 NE 23RD ST. POMPANO BEACH, FL 33062
--	---

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Julie H. Harvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04 954-941-2312
Date Daytime Phone #