

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90082 037 \*\*\*\*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**

40100288



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1959469**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CM** ☐ Delete  
NAME **WOODHOUSE, LINDA**  
STREET ADDRESS **1003 SE 5TH CT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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

TITLE **TR** ☐ Delete  
NAME **HINKLE, DARRYL L**  
STREET ADDRESS **2600 NE 14TH ST CSWY**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition  
NAME **Rosalind Ritter**  
STREET ADDRESS **3796 NW 62 COURT**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Jack Preiner**  
STREET ADDRESS **2637 NE 28 COURT**  
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Rosalind Ritter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

954-771-7204

Daytime Phone #