

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737867** (2)

1. Corporation Name

GREATER POMPAÑO BEACH SENIOR CITIZENS CLUB, INC.



Principal Place of Business

Mailing Address

**POMPAÑO CIVIC CENTER
1801 NE 6 ST
POMPAÑO BEACH FL 33060
US**

**P.O. BOX 2104
POMPAÑO BEACH FL 33061
US**

3. Date Incorporated or Qualified

01/19/1977

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1818548

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERALD BARTOS
257 S. CYPRESS RD , Apt. 441
APARTMENT 441
POMPAÑO BEACH FL 33060**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **BARTOS, GERALD**
CITY-ST-ZIP **257 S. CYPRESS RD , Apt. 441**
POMPAÑO BEACH FL

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **WILSON, JOHN C.**
CITY-ST-ZIP **600 PINE DRIVE, APT. 112**
POMPAÑO BEACH FL

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **WILLIAMSON, FRANCES**
CITY-ST-ZIP **675 E 48 ST, #356**
POMPAÑO BEACH FL

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **ESTHER MUNSHEN**
CITY-ST-ZIP **259 S CYPRESS RD. 536**
POMPAÑO BEACH, FL 00000

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ROGERS, J. GAYLE**
CITY-ST-ZIP **257 S. CYPRESS RD. #443**
POMPAÑO BEACH FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BARTOS, GEAN**
CITY-ST-ZIP **257 S. CYPRESS DR #441**
POMPAÑO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **257 S. Cypress Rd., Apt. 441**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **RECORDING SECRETARY**
3.3 STREET ADDRESS **Doris O'Connor**
3.4 CITY-ST-ZIP **415 N.E. 23rd Ave.**
Pompano Beach, FL: 33062

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96
Date

954-8405
Daytime Phone #

CR2E037 (12/95)