

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **737867** (2)  
1. Corporation Name  
**GREATER POMPANO BEACH SENIOR CITIZENS CLUB, INC.**

Principal Place of Business Mailing Address  
**POMPANO CIVIC CENTER** **P.O. BOX 2104**  
**1801 NE 6 ST** **POMPANO BEACH FL 33061 - 2104**  
**POMPANO BEACH FL 33060** **US**  
**US**

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

3. Date Incorporated or Qualified  
**01/19/1977**  
4. FEI Number **59-1818548** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**BARTOS, GERALD** 81 Name  
**257 S. CYPRESS RD.** 82 Street Address (P.O. Box Number is Not Acceptable)  
**APARTMENT 441** 83  
**POMPANO BEACH FL 33060** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JOHN C.</b>	1.2 NAME	
STREET ADDRESS	<b>600 PINE DR., APT. 112</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTOS, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>257 S. CYPRESS RD., APT. 441</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	RS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORIS O'CONNOR</b>	3.2 NAME	
STREET ADDRESS	<b>415 N. E. 23RD AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTHER MUNSHEN</b>	4.2 NAME	
STREET ADDRESS	<b>259 S CYPRESS RD. 536</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, J. GAYLE</b>	5.2 NAME	
STREET ADDRESS	<b>257 S. CYPRESS RD. #443</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTOS, GEAN</b>	6.2 NAME	
STREET ADDRESS	<b>257 S. CYPRESS DR #441</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	6.4 CITY - ST - ZIP	

14. 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 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: *John C. Wilson* REQUIRED John C. Wilson 1/10/98  
954-782-7136

CR2E037 (10/97)