



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90086 040 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # 737867 1. Entity Name GREATER POMPANO BEACH SENIOR CITIZENS CLUB, INC. | | | |  | |
| Principal Place of Business POMPANO CIVIC CENTER 1801 NE 6 ST POMPANO BEACH FL 33060 US | | | Mailing Address P.O. BOX 211 POMPANO BEACH FL 33061 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1818548 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |  | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KERR, CONSTANCE 2140 NE 56 ST #5 FORT LAUDERDALE FL 33308 | | | | Name Laura Finn Street Address (P.O. Box Number is Not Acceptable) 424 N Riverside Dr 203 Pompano Beach City FL Zip Code 33062 | |
| 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 <u><i>Laura Finn</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2-20-05</u> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KERR, CONSTANCE 2140 NE 56 ST #5 FORT LAUDERDALE FL 33308 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Finn Laura 424 N Riverside Dr Pompano Beach FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FINN, LAURA 424 N RIVERSIDE DR #203 POMPANO BEACH FL 33062 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Kerr Constance PO Box 11974 Ft Lauderdale FL 33308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RSD LONG, ROSE ANN 3811 NE 17TH AVE POMPANO BEACH FL 33064 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RSD Long Rose Ann 3811 17th Ave Pompano Beach FL 33067 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO MORGAN, CLARA 2651 NE 10 TERR POMPANO BEACH FL 33064 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO Papenfuss Ralph 305 VINE ST. UNIT 207 Ft Lauderdale FL 33308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VP Kyle Mitchell 3861 NE 52 Ter Apt LightHouse Pt. FL 33067 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Corresponding Sec Barbara Freeman 1110 N. Riverside Dr #11 Pompano Beach, FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Laura Finn</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date _____ Daytime Phone # <u>954 786 3962</u> | | |