

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737867

FILED
May 12, 2008
Secretary of State

Entity Name: GREATER POMPANO BEACH SENIOR CITIZENS CLUB, INC.

Current Principal Place of Business:

POMPANO CIVIC CENTER
1801 NE 6 ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211
POMPANO BEACH, FL 33061 US

New Mailing Address:

FEI Number: 59-1818548 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINN, LAURA
424 N. RIVERSIDE DR 203
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINN, LAURA
Address: 424 N. RIVERSIDE DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: KERR, CONSTANCE
Address: PO BOX 11974
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TREA () Delete
Name: PAPERFUSE, RALPH
Address: 1920 AUGUSTA TERREACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: 2VP () Delete
Name: MITCHELL, KYLE
Address: 1920 AUGUSTA TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CS (X) Delete
Name: FREEMAN, BARBARA
Address: 1110 N. RIVERSIDE DR #11
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: FINN, LAURA
Address: 424 N. RIVERSIDE DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: CS (X) Change () Addition
Name: FREEMAN, BARBARA
Address: 1110 N. RIVERSIDE DR #11
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: MITCHELL, KYLE
Address: 1920 AUGUSTA TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE W. MITCHELL

PRES

05/12/2008

Electronic Signature of Signing Officer or Director

Date