

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737867

**FILED**  
**Feb 17, 2010**  
**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 ( )**

**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: PRES  
Name: FINN, LAURA  
Address: 424 N. RIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062

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

Title: TREA  
Name: PAPENFUSE, RALPH  
Address: 1920 AUGUSTA TERREACE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

I hereby 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 all other like empowered.

SIGNATURE: LAURA FINN

PRES

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date