



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90054 008 \*\*\*\*61.25

<b>DOCUMENT # 756639</b> 1. Entity Name <b>ROTARY CLUB OF POMPANO BEACH, FLORIDA, INC.</b>					
Principal Place of Business <b>SANDS HARBOR MARINA POMAPANO BEACH, FL</b>			Mailing Address <b>124 NE 23RD ST. WILTON MANORS, FL 33305-1018</b>		
2. Principal Place of Business - No P.O. Box # <b>GALUPPI'S</b> Suite, Apt. #, etc. <b>1101 N. FEDERAL HWY</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Pompano Bh. FL</b>			
City & State <b>Pompano Bh. FL</b>		City & State  Zip  Country 		4. FEI Number <b>59-6142370</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> <b>HILL, JACKIE C</b> <b>124 NE 23RD ST.</b> <b>WILTON MANORS, FL 33305-1018</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <u><i>Jackie C. Hill</i></u>  <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> </div> <div style="width: 20%; text-align: center;"> <u>2/20/07</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME JOHNSON, ROBERT STREET ADDRESS 51 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jack Prenner STREET ADDRESS 2637 NE 28th COURT CITY-ST-ZIP Lighthouse Pt. FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PE NAME RITTER, ROSALIND STREET ADDRESS 5601 N POWERLINE RD CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete		TITLE PE NAME AL Siefert STREET ADDRESS 2319 SE 10th ST CITY-ST-ZIP Pompano Bh FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CANADA, MAUREEN STREET ADDRESS 2831 MARINA CIR CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE S NAME Joanne Nelson STREET ADDRESS 400 CIRCLE DR CITY-ST-ZIP Pompano Bh FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PP NAME WOODHOUSE, LINDA STREET ADDRESS 1003 SE 5TH COURT CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE PP NAME ROZ RITTER STREET ADDRESS 1660 W. MCNAB RD CITY-ST-ZIP FT LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME PRENNER, JACK STREET ADDRESS 2637 NE 28TH COURT CITY-ST-ZIP POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE T NAME MARTY Kidwell STREET ADDRESS 404 EAST ATLANTIC BLVD CITY-ST-ZIP POMPANO BH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Jackie C. Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><u>2-20-07</u></span> <span><u>934-480-7281</u></span> </div> <small>Date Daytime Phone #</small>		