2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000824

1. Entity Name
THE POMPANO CHRISTIAN CLERGYMEN COUNCIL, INC.

Principal Place of Business	Mailing Address
2420 NW 6 STREET POMPANO BEACH, FL 33069	PO BOX 666836 POMPANO BEACH, FL 33066

DO NOT WRITE IN THIS SPACE

05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1076650

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, GARY
2420 NW 6 STREET
POMPANO BEACH, FL 33069

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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: Gary McLeod August 12, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIGGINS, AARON
STREET ADDRESS	1320 NW 54 TERR
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VD
NAME	HOWARD, WYLIE
STREET ADDRESS	500 NW 21 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VD
NAME	WILSON, FRED REV.
STREET ADDRESS	1261 NW 24 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD
NAME	MCLEOD, GARY
STREET ADDRESS	2420 NW 6 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD
NAME	TAYLOR, TERRY REV.
STREET ADDRESS	610 NW 30 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD
NAME	FULLER, HENRY
STREET ADDRESS	PO BOX 666836
CITY-ST-ZIP	POMPANO BEACH, FL 33066

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08/19/04-80004-007 61.25

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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: Gary McLeod August 12, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #