



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90283 047 ****61.25

DOCUMENT # N02000001930 1. Entity Name THE PEOPLE OF POMPANO, INC.					
Principal Place of Business 305 N. POMPANO BEACH BLVD. 902 POMPANO BEACH FL 33062				Mailing Address C/O 305 N POMPANO BEACH BLVD #902 POMPANO BEACH FL 33062	
2. Principal Place of Business Suite, Apt. #, etc. 1511		3. Mailing Address c/o 305 N. Pompano Beach Blvd #1511 Suite, Apt. #, etc.			
City & State 		City & State 		4. FEI Number 04-3673488	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEPPE, M. JOHN 305 N POMPANO BEACH BLVD #902 POMPANO BEACH FL 33062				7. Name and Address of New Registered Agent Name BARBARA L. GORDON Street Address (O. Box Number, Not Acceptable) 305 N. POMPANO BEACH BLVD #1511 City POMPANO BEACH 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 <i>Barbara L. Gordon</i> BARBARA L. GORDON 042506 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D PEPPE, M. JOHN 305 N. POMPANO BEACH BLVD. #902 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBARA L. GORDON 305 N. POMPANO BEACH BLVD #1511 POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIM ROSS, LYNN 3406 ROBBINS RD POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACQUILINE GRAFF 342 O. DOVER ROAD POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAADY, SAMUEL L 305 N. POMPANO BEACH BLVD. #409 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTIA CASTEN HOLZ 2251 N E 8TH CT POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTELS, GEORGE W 133 N. POMPANO BEACH BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTIA CASTEN HOLZ 2251 N E 8TH CT POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<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 Section 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: *Barbara L. Gordon* **BARBARA L. GORDON** **042506 954 946 4918**