2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001930

FILED May 08, 2009 Secretary of State

Entity Name: THE PEOPLE OF POMPANO INC.

Current F	Principal Place of Business:	New Prince	cipal Place of Business:
	•		•
305 N. PC 1511	MPANO BEACH BLVD.		
POMPAN	O BEACH, FL 33062		
Current N	Nailing Address:	New Maili	ng Address:
305 N. PC 1511	MPANO BEACH BLVD.		
	O BEACH, FL 33062		
	r: 04-3673488 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not receive	Number Not App ve the prior notic	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:
305 N PO 1511	I, BARBARA L MRS. MPANO BCH BLVD O BEACH, FL 33062 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both
in the Stat	e of Florida.	e of changing	its registered office or registered agent, or both
in the Stat	e of Florida.	e of changing	its registered office or registered agent, or both Date
in the Stat SIGNATU	e of Florida. RE:		
in the Stat SIGNATU OFFICER Title: Name: Address:	RE: Electronic Signature of Registered Agent		Date
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete GORDON, BARBARA L 305 N POMPANO BCH BLVD STE 1511	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTO D (X) Change () Addition GORDON, BARBARA L MRS 305 N POMPANO BCH BLVD STE 1511
in the Stat SIGNATU	Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete GORDON, BARBARA L 305 N POMPANO BCH BLVD STE 1511 POMPANO BEACH, FL 33062 D () Delete SIMROSS, LYNN 3406 ROBBINS RD	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTO D (X) Change () Addition GORDON, BARBARA L MRS 305 N POMPANO BCH BLVD STE 1511 POMPANO BEACH, FL 33062

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: BARBARA L GORDON D 05/08/2009