

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006249

FILED  
Mar 23, 2004  
Secretary of State

**Entity Name:** THE POOL OF BETHESDA COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

7040 PINES BLVD  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7040 PINES BLVD  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 56-2386019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, WILLIE J JR  
16171 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027

**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: DP ( ) Delete  
Name: MURPHY, WILLIE J JR  
Address: 16171 SW 2ND DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DS ( ) Delete  
Name: MURPHY, WINFRED J JR  
Address: 16171 SW 2ND DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT ( ) Delete  
Name: WILDER, TERRANCE T  
Address: 4120 SW 151 TERRANCE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRANCE T. WILDER

DT

03/23/2004

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

\_\_\_\_\_  
Date