

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006249

FILED
Jul 11, 2005
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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

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

Title: SD () Delete
Name: WADE, ESSIE M
Address: 1310 NW 178TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ASHLEY, GREG
Address: 2801 ISLAND DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: SHAW, ROSENTLE
Address: 20561 NW 17TH AVE., #208
City-St-Zip: MIAMI, FL 33056

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:

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

TD

07/11/2005

Electronic Signature of Signing Officer or Director

Date