2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# N03000006249

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:

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

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:	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	(X) 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 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: TERRANCE WILDER TD 09/16/2008

Electronic Signature of Signing Officer or Director — Date