

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 005 ****61.25



DOCUMENT # N04000001599

1. Entity Name

FORCE OF POMPANO, INC.

Principal Place of Business

**1106 NW 11TH COURT
FORT LAUDERDALE FL 33311**

Mailing Address

**1106 NW 11TH COURT
FORT LAUDERDALE FL 33311**

2. Principal Place of Business - No P.O. Box #

1106 N.W. 11th Ct
Suite, Apt. #, etc.

3. Mailing Address

1106 N.W. 11th Ct
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/06)

City & State

Fort Lauderdale Fl.

City & State

Fort Lauderdale Fl.

4. FEI Number

20-0956981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOODSON, GLORIA
1106 NW 11TH COURT
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: **WOODSON, GLORIA**
STREET ADDRESS: **1106 NW 11TH COURT**
CITY ST ZIP: **FORT LAUDERDALE FL 33311**

TITLE: ☐ Delete
NAME: **PEETE, DENNIS**
STREET ADDRESS: **1106 NW 11TH COURT**
CITY ST ZIP: **FORT LAUDERDALE FL 33311**

TITLE: ☐ Delete
NAME: **DS TYSON, KIMIKA**
STREET ADDRESS: **10 NW 17TH COURT**
CITY ST ZIP: **POMPANO BEACH FL 33060**

TITLE: ☐ Delete
NAME: **DT SIMETON, EMMITT III**
STREET ADDRESS: **3000 NW 7TH AVE**
CITY ST ZIP: **POMPANO BEACH FL 33069**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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: Gloria Woodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07