2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 15, 2008 8:00 am Secretary of State DOCUMENT # N04000001599 1. Entity Name 04-15-2008 90011 016 \*\*\*\*70.00 FORCE OF POMPANO, INC. Principal Place of Business Mailing Address 1106 NW 11TH COURT FORT LAUDERDALE FL 33311 1106 NW 11TH COURT FORT LAUDERDALE FL 33311 2. Principal Place of Business - No P.O. Box # 1106 NIW. 11m Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) Applied For 4. FEI Number 20-0956981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired roward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODSON, GLORIA Street Address (P.O. Box Number is Not Acceptable) 1106 NW 11TH COURT FORT LAUDERDALE FL 33311 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 4-04-08 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to... Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State in a titliki kiling og se OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Addition Change WOODSON, GLORIA HAME NAME 1106 NW 11TH COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delote Change ☐ Addition PEETE, DENNIS NAME NAME 1106 NW 11TH COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP City-St-ZiP TITLE DS TITLE Delete ☐ Change ☐ Addition NAME TYSON, KIMIKA NAME 10 NW 17TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZiP DT Delete TITLE ☐ Change nortibbA 🔲 NAME SIMETON, EMMITT III 3000 NW 7TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: