

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90087 045 ****61.25

DOCUMENT # N04553

1. Entity Name
THE EXCHANGE CLUB OF POMPANO BEACH, INC.



Principal Place of Business
C/O: WILLIAM F. SULLIVAN
2211 NE 36TH ST #204
LIGHTHOUSE POINT, FL 33064

Mailing Address
C/O: WILLIAM F. SULLIVAN
2211 NE 36TH ST #204
LIGHTHOUSE POINT, FL 33064

50010972



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2438569

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, WILLIAM F
2211 NE 36TH ST #204
LIGHTHOUSE POINT, FL 33064

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 TD ☐ Delete
NAME WILLIAMS, DAVID, TAD
STREET ADDRESS 6550 N FEDERAL HWY #410
CITY-ST-ZIP FT LUERDALE, FL 33308

TITLE PD ☒ Delete
NAME BANK, LEON
STREET ADDRESS 1828 NW 48 TERRACE
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE VPD ☐ Delete
NAME HEISE, LAYNE
STREET ADDRESS 2201 N.W. 32ND STREET
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE SD ☐ Delete
NAME CRISMOND, LAWRENCE L
STREET ADDRESS 4110 NE 30TH AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33064

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 PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME CARLTON NORTH
STREET ADDRESS 2495 S.E. 6TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33062

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 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 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:

David Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05
Date

Daytime Phone #