

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90205 010 ****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

60000967



01042007 Chg-NP CR2E037 (12/06)

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|--|---------|---------------------|---------|---|--|-------------------------------|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 59-2438569 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|--|---|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, DAVID TAD 6550 N FEDERAL HWY #410 FT LUADERDALE, FL 33308 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LAMARCA, CHARLES 3605 NE 24 ST LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CRISMOND, LAWRENCE L 4110 NE 30TH AVE POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD NORTH, CARLTON 2495 SE 6TH STREET POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Todd Long 4111 NE 30 Terrace Lighthouse Point, FL 33064 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | ← |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Daniel S. Wilkman Treas. 1/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #