

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N17786 1. Entity Name POMPANO PROUD, INC.	
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Principal Place of Business P.O. BOX 78 POMPANO BEACH, FL 33061 US	Mailing Address P.O. BOX 78 POMPANO BEACH, FL 33061 US
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03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2767171	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROWE, BARBARA
3781 NE 16 TERR
POMPANO BEACH, FL 33064

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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, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000089286 03/15/04-80086-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINN, KAY 2460 S.E. 5TH STREET POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTZ, BARBARA 600 NE 24 AVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, RICK 600 NE 24 AVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, BARBARA 3781 NE 16TH TERRACE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, LISA 405 NE 5TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, NANCY 1250 NE 27TH AVE POMPANO BEACH, FL 33062

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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: *Barbara J. Rowe* **March 12/04** **954-785-7444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #