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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # N19951 (5)

1. Corporation Name
DEERFIELD BEACH POPS, INC.

Principal Place of Business	Mailing Address
% ROBERT M. LACEY 1330 S.E. 14TH DRIVE DEERFIELD BCH FL 33441	% ROBERT M. LACEY 1330 S.E. 14TH DRIVE DEERFIELD BCH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-2795123 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LACEY, ROBERT M.
1330 S.E. 14TH DRIVE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when restating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LACEY, ROBERT M.	12 NAME	
STREET ADDRESS	1330 S.E. 14TH DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LACEY, AUDREY L.	22 NAME	
STREET ADDRESS	1330 S.E. 14TH DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STEVENS, BEATRICE	32 NAME	
STREET ADDRESS	1425 S.E. 14TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	DELCHER, MARGARET	42 NAME	
STREET ADDRESS	670 WEST CLEARBROOK CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VISCO, DR. ERNEST J.	52 NAME	
STREET ADDRESS	1550 S.E. 14TH DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STANWAY, KATHLEEN	62 NAME	
STREET ADDRESS	1425 S.E. 13TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Lacey Robert M. Lacey 4/4/95 428-4856
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

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