

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90082 031 \*\*\*\*61.25

**DOCUMENT # N22775**

1. Entity Name

POMPANO BEACH LIONS CLUB, INC.



Principal Place of Business

FLAMING PIT RESTAURANT  
1150 N. FEDERAL HIGHWAY  
POMPANO BEACH FL 33441

Mailing Address

P.O. BOX 582  
POMPANO BEACH FL 33060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6170074

Applied For

Not Applicable

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

SWEENEY, WILLIAM B  
1401 E. ATLANTIC BLVD.  
SUITE A  
POMPANO BEACH FL 33060

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

**FILE NOW: 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	P	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, JIM	
STREET ADDRESS	503 NE 12TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELANSON, LEO	
STREET ADDRESS	5312 NW 4TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEENEY, WILLIAM B	
STREET ADDRESS	1401 E. ATLANTIC BLVD. #A	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCIRA, ARTHUR T	
STREET ADDRESS	2015 SW 16TH PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANORA, FRANK	
STREET ADDRESS	2215 CYPRESS ISLAND DR. #102	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLUMBE, DEE DEE	
STREET ADDRESS	3305 NE 28TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR ANDERSON	
STREET ADDRESS	413 BUTTERNWOOD PLACE	
CITY-ST-ZIP	BOCA RATON, FL. 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William B. Sweeney* **WILLIAM B SWEENEY**

4/27/2005

954) 942-0578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #