


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34539</b> 1. Entity Name <b>POMPANO BEACH PRESERVATION SOCIETY, INC.</b>	
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Principal Place of Business <b>620 NW 16TH AVE. POMPANO BEACH, FL 33069-2829 US</b>	Mailing Address <b>612 NW 15TH AVE. POMPANO BEACH, FL 33069-2829 US</b>
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02082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0147267</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KING-POITIER, JUNE 612 NW 15TH AVENUE POMPANO BEACH, FL 33069-2829</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000054564  
02/17/04-80001-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING-POITIER, JUNE 612 NW 15TH AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POITIER, ADRIENNE A 613 NW 15TH AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, CORINA 3401 NW THIRD AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATLEY, LORETTA 621 NW 15TH AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILON, DAVID 1508 MARTIN LUTHER BLVD. POMPANO BCH., FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHNNY 2360 NW 37TH AVENUE COCONUT CREEK, FL 33069

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IN THIS SPACE**

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:**  **February 9, 2004** **954-366-5018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #