2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N34539**

1. Entity Name

POMPANO BEACH PRESERVATION SOCIETY, INC.



FILED
May 04, 2006 08:00 AM
Secretary of State

Principal Place of Business

620 NW 16TH AVE.

POMPANO BEACH, FL 33069-2829 US

Mailing Address

612 NW 15TH AVE.

POMPANO BEACH, FL 33069-2829 US



05042006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0147267 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING-POITIER, JUNE 612 NW 15TH AVENUE POMPANO BEACH, FL 33069-2829

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			IN THIS SPACE		
	named entity submits this statement for the plants of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
D	Filing Fee is \$61.25 ue by September 6, 2006	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing 📋	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING-POITIER, JUNE 612 NW 15TH AVENUE POMPANO BEACH, FL 33069		•		U00000562399 05/19/06-80054-021 61.25
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			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATLEY, LORETTA 621 NW 15TH AVENUE POMPANO BEACH, FL 33069		IN THIS SPACE		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILON, DAVID 1508 MARTIN LUTHER BLVD. POMPANO BCH., FL 33069				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D HARRIS, JOHNNY 2360 NW 37TH AVENUE COCONUT CREEK, FL 33060				

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 efficiency like empowered.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04 954+344-5018