
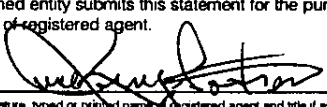
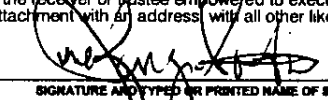


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N34539</b> 1. Entity Name <b>POMPAÑO BEACH PRESERVATION SOCIETY, INC.</b>					
Principal Place of Business <b>620 NW 16TH AVE. POMPAÑO BEACH, FL 33069-2829 US</b>			Mailing Address <b>612 NW 15TH AVE. POMPAÑO BEACH, FL 33069-2829 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092007 Chg-NP CR2E037 (12/06)	
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 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KING-POITIER, JUNE 612 NW 15TH AVENUE POMPAÑO BEACH, FL 33069-2829</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING-POITIER, JUNE 612 NW 15TH AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POITIER, ADRIENNE A 613 NW 15TH AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, CORINA 3401 NW THIRD AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATLEY, LORETTA 621 NW 15TH AVENUE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILON, DAVID 1508 MARTIN LUTHER BLVD. POMPAÑO BCH., FL 33069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHNNY 2360 NW 37TH AVENUE COCONUT CREEK, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>05/01/07</b> Daytime Phone #: <b>754-366-6283</b>	