2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N46141 1. Entity Name 04-07-2004 90342 022 ****70.00 POMPANO BEACH/METROPOLITAN CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 3001 NW 8TH ST 3001 N.W. 8TH ST. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent المحافدات EDDY, JAMES R., P.A. Street Address (P.O. Box Number is Not Acceptable) 2401 E. ATLANTIC BLVD. POMPANO BEACH FL 33069 Zip Code City 8. The above named egitty 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 registered agent. the obligations of SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE Change ☐ Addition JONES, DOROTHY NAME NAME 2114 NW 5TH ST STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Tho N4 ☐ Change ☐ Delete TITLE TITLE DAVIS, KENNY NAME NAME 3601 W COMMERCIAL BLVD STE 35 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 32309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition CAPELAND EASIE MAME NAME 3001 NW 8TH STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Addition TITLE PARKS, ROBERT NAME NAME 600 S E 3RD AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BURGESS-COLE, ALFREDA NAME NAME 1848 NW 6 AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE YOUNG, BOB NAME NAME 3001 NW 8#TH STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33-0696 CITY-ST-ZIP 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 receivary 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

FILED