

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46141

FILED
Apr 29, 2005
Secretary of State

Entity Name: POMPANO BEACH/METROPOLITAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

3001 N.W. 8TH ST.
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

3001 NW 8TH ST
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDDY, JAMES R., P.A.
2401 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: JONES, DOROTHY
Address: 2114 NW 5TH ST
City-St-Zip: POMPANO BEACH, FL

Title: DC () Delete
Name: DAVIS, KENNY
Address: 3601 W COMMERCIAL BLVD STE 35
City-St-Zip: FT LAUDERDALE, FL 32309

Title: D () Delete
Name: CAPELAND, EASIE
Address: 3001 NW 8TH
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: PARKS, ROBERT
Address: 600 S E 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: BURGESS-COLE, ALFREDA
Address: 1848 NW 6 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: YOUNG, BOB
Address: 3001 NW 84TH
City-St-Zip: POMPANO BEACH, FL 330696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY JONES

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date