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

Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # N50089 1. Entity Name 02-11-2004 90011 016 ****61.65 THE POMPANO BEACH WOMAN'S CLUB, INC. Principal Place of Business Mailing Address 314 NE 2 ST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 4 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOTZNER, ANNA Street Address (P.O. Box Number is Not Acceptable) 931 NE 25TH AVE POMPANO BEACH FL 33062 Zip Code 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 1VPD TITLE President ☐ Delete TITLE Change noifibbA 🔲 JOHNSON, WRAY Wray Johnson 531N. Ocean Blud Apt 1203 NAME NAME 829 N RIVERSIDE DR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Pompano BCH. FL 33062 TD ☐ Delete TITLE Addition MOTZNER, ANNA NAME NAME 931 NE 25 AVENUE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-7IP CITY-ST-ZIP FSD TITLE ☐ Delete TITLE Change Addition CAMPBELL, MARIE-NAME NAME 4920 NE 51 CT APT 107 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Record Sect. Jan Fields TITLE Delete TITLE ☐ Change **X**Addition TOMS, MARYANN NAME 1510 S.W. 4 AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE SCHWETTZER, IRENE Rebecca Rainey NAME NAME 621 SW 6 STREET #1002 STREET ADDRESS STREET ADDRESS 429 N.E. POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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: (