

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001011

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** POMPANO BEACH SEAFOOD FESTIVAL CORPORATION

**Current Principal Place of Business:**

2200 E ATLANTIC BLVD.  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 50025  
LIGHTHOUSE POINT, FL 33074 US

**New Mailing Address:**

**FEI Number:** 65-0398663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHN C GOOD  
1300 SE 13TH AVE  
DEERFIELD BCH, FL 33441 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: P  
Name: CORRELL, GARY  
Address: PO BOX 699030 NA  
City-St-Zip: MIAMI, FL

Title: VP  
Name: HARPEST, ROBERT  
Address: 855-1001 S. FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: CRISSY, JACK  
Address: 2200 E. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: GREEN, RIC  
Address: 2200 EAST ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T  
Name: MCCARVER, ROBERT I  
Address: 4221 NE 22 TERR.  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D  
Name: MELLGREN, LAWRENCE  
Address: 5400 NORTH OCEAN BLVD. #32  
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. GOOD

RA

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date