


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90061 009 ****61.25

DOCUMENT # N93000002573 1. Entity Name EXCHANGE CLUB OF POMPAÑO BEACH CHARITABLE FOUNDATION, INC.					
Principal Place of Business C/O: WILLIAM F. SULLIVAN 2211 N.E. 36TH STREET, #204 LIGHTHOUSE POINT, FL 33064			Mailing Address C/O: WILLIAM F. SULLIVAN 2211 N.E. 36TH STREET, #204 LIGHTHOUSE, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0416426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SULLIVAN, WILLIAM F 2211 N.E. 36TH STREET, #204 LIGHTHOUSE, FL 33064				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID TAD WILLIAMS		NAME		
STREET ADDRESS	6550 N FEDERAL HWY #410		STREET ADDRESS		
CITY- ST- ZIP	FT LAUDERDALE, FL 33308		CITY- ST- ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTH, CARLTON		NAME		
STREET ADDRESS	2495 SE 6TH STREET		STREET ADDRESS		
CITY- ST- ZIP	POMPAÑO BEACH, FL 33062		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMARCA, CHARLES		NAME	PD	
STREET ADDRESS	2605 NE 24 ST		STREET ADDRESS		
CITY- ST- ZIP	LIGHTHOUSE POINT, FL 33064		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, TODD		NAME	VPD	
STREET ADDRESS	4111 NE 30TH TERRACE		STREET ADDRESS		
CITY- ST- ZIP	LIGHTHOUSE POINT, FL 33064		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD	
STREET ADDRESS			STREET ADDRESS	JOHN BAMMAN	
CITY- ST- ZIP			CITY- ST- ZIP	2850 N.E. 18TH STREET	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	POMPAÑO BEACH, FL 33062	
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>David Tad Williams</i> Treas.			1/16/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		