2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002573

FILED Feb 07, 2009 Secretary of State

Entity Name: EXCHANGE CLUB OF POMPANO BEACH CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O: WILLIAM F. SULLIVAN 2211 N.E. 36TH STREET, #204 LIGHTHOUSE POINT, FL 33064

Current Mailing Address: New Mailing Address:

C/O: WILLIAM F. SULLIVAN 2211 N.E. 36TH STREET, #204 LIGHTHOUSE, FL 33064

FEI Number: 65-0416426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SULLIVAN, WILLIAM F 2211 N.E. 36TH STREET, #204 LIGHTHOUSE, FL 33064 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: DAVID TAD WILLIAMS, Name: WILLIAMS, DAVID TAD Address: 6550 N FEDERAL HWY #410 Address: 6550 N FEDERAL HWY #410 City-St-Zip: FT LAUDERDALE, FL 33308

Title: PD () Delete Title: SD (X) Change () Addition

 Name:
 LAMARCA, CHARLES
 Name:
 PETRONE, LOUIS

 Address:
 2605 NE 24 ST
 Address:
 2650 N.E. 37TH STREET

City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VD () Delete Title: PD (X) Change () Addition Name: LONG, TODD Name: LONG, TODD

Address: 4111 NE 30TH TERRACE Address: 4111 NE 30TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete Title: VD (X) Change () Addition

Name: BAMMAN, JOHN Name: DAVIS, JAMES

 Address:
 2850 NE 18TH STREET
 Address:
 2731 N.E. 14TH STREET, #923B

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID TAD WILLIAMS TD 02/07/2009