

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002823 (2)

1. Corporation Name

POMPANO BEACH SOUTH LIONS CLUB, INC.

Principal Place of Business

Mailing Address

3821 NE 15TH TERRACE
POMPANO BEACH FL 33064

3821 NE 15TH TERRACE
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2799422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GERALD
3821 NE 15TH TERRACE
POMPANO BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0702 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME GREER, HERMAN
STREET ADDRESS 191 NE 27TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE V ☒ DELETE

NAME HOYT, DOROTHY
STREET ADDRESS 586 NW 45TH WAY
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME MILLER, GERALD
STREET ADDRESS 3821 NE 15TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

TITLE T ☒ DELETE

NAME HELD, JAMES
STREET ADDRESS 1840 NE 48TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☒ DELETE

NAME MILLER, DOROTHY
STREET ADDRESS 3821 NE 15TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☒ DELETE

NAME BARBY, STAN
STREET ADDRESS 651 SW 8TH STREET, SUITE 1010
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME CAHORSYAK, JOHN
1.3 STREET ADDRESS 586 NW 45 AVE
1.4 CITY-ST-ZIP DELRAY BEACH, FL

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME JOHN SHAW
2.3 STREET ADDRESS 3550 NW 8 AVE #106
2.4 CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME GALE FONTAINE
4.3 STREET ADDRESS 3440 NE 11 TERR
4.4 CITY-ST-ZIP POMPANO BEACH FL

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME JOHN DAVIS
5.3 STREET ADDRESS 1614 NE 53 CT
5.4 CITY-ST-ZIP POMPANO BEACH FL

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME HERMAN GREER
6.3 STREET ADDRESS 191 NE 27 ST
6.4 CITY-ST-ZIP POMPANO BEACH FL

14. I do 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 annual report or supplemental annual 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 named herein to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/28/97 (844) 443-5844

CR2E037 (4/97)