

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 050 ****61.25

DOCUMENT # N94000002823

1. Corporation Name

POMPANO BEACH SOUTH LIONS CLUB, INC.

Principal Place of Business

**3821 NE 15TH TERRACE
POMPANO BEACH FL 33064**

Mailing Address

**3821 NE 15TH TERRACE
POMPANO BEACH FL 33064**



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

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

59-2799422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 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

GERALD MILLER

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 **CAHORSHAK, JOHN**
STREET ADDRESS **586 NW 45 AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE
NAME **SHAW, JOHN**
STREET ADDRESS **3550 NW 8TH AVE #106**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **S** ☐ DELETE
NAME **MILLER, GERALD**
STREET ADDRESS **3821 NE 15TH TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **T** ☐ DELETE
NAME **HERMAN GREER**
STREET ADDRESS **191 NE 27TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE
NAME **DAVIS, JOHN**
STREET ADDRESS **1614 NE 53 CT**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE
NAME **DOROTHY MILLER**
STREET ADDRESS **3821 NE 15TH TERR**
CITY-ST-ZIP **POMPANO BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

**JIM HELD
358 NW 45 ST, #82
POMPANO BCH, FL**

**VICE PRES
MIKE KUDEREWski
4801 NW 13 AVE
POMPANO BCH, FL**

14. 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 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 empowered 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, with all other like empowered.

SIGNATURE:

GERALD MILLER
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/99

954 943-5894

CR2E037 (11/98)

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