


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004874

1. Entity Name
PLEASANT CITY FAMILY REUNION COMMITTEE, INC.



Principal Place of Business Mailing Address

2117 N DIXIE HWY **P.O. BOX 4724**
WEST PALM BEACH, FL 33407 US **WEST PALM BEACH, FL 33402 US**



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0613550 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLARKE, EVEREE J
5600 N FLAGLER DRIVE
SUITE 2801
WEST PALM BEACH, FL 33407

THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARKE, EVEREE J
STREET ADDRESS	5600 N FLAGLER DRIVE SUITE 2801
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	BROOKS, JOHN
STREET ADDRESS	917 EVERGREEN DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	T
NAME	PRESTON, DAVID
STREET ADDRESS	1359 MANGONIA DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	MONTGOMERY, ADOLPHUS
STREET ADDRESS	447 20TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	RODERICK STEVENS
STREET ADDRESS	1803 N. TAMARIND AVE.
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	T
NAME	CLARKE, FRANCES Y
STREET ADDRESS	5600 N. FLAGLER DR, #2801
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

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 03/28/05-80015-002 61.25

12. 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 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: Everee J. Clarke 3/17/05 (561) 832-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #