

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 018 ****61.25

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1. Entity Name

PLEASANT CITY FAMILY REUNION COMMITTEE, INC.



Principal Place of Business

2117 N DIXIE HWY
WEST PALM BEACH FL 33407
US

Mailing Address

P.O. BOX 4724
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Palm Beach

Zip

Country

Palm Beach

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0613550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CLARKE, EVEREE J
STREET ADDRESS 5600 N FLAGLER DRIVE SUITE 2801
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Delete
NAME BROOKS, JOHN
STREET ADDRESS 917 EVERGREEN DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE T ☐ Delete
NAME PRESTON, DAVID
STREET ADDRESS 1359 MANGONIA DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Delete
NAME MONTGOMERY, ADOLPHUS
STREET ADDRESS 447 20TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Delete
NAME RODERICK STEVENS
STREET ADDRESS 1803 N. TAMARIND AVE.
CITY-ST-ZIP WEST PALM BCH FL

TITLE T ☐ Delete
NAME CLARKE, FRANCES Y
STREET ADDRESS 5600 N. FLAGLER DR, #2801
CITY-ST-ZIP WEST PALM BEACH FL 33407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DR GEORGE BYRD, JR.* ☐ Change ☒ Addition
NAME *579 HAWTHORNE AVE*
STREET ADDRESS *NEWARK, N.J. 07112*
CITY-ST-ZIP

TITLE *JOHN EVANS* ☐ Change ☒ Addition
NAME *1011 W. SECOND STREET*
STREET ADDRESS *R. VIERA BEACH, FL 33404*
CITY-ST-ZIP

TITLE *FAYE OUTKAW* ☐ Change ☒ Addition
NAME *5746 STERLING LAKE DR*
STREET ADDRESS *FORT PIERCE, FL 34957*
CITY-ST-ZIP

TITLE *RICHARD WILLIAMS* ☐ Change ☒ Addition
NAME *2208 A.E. ISAAC AVE*
STREET ADDRESS *WEST PALM BEACH, FL 33407*
CITY-ST-ZIP

TITLE *SHIRLEY THOMPSON* ☐ Change ☒ Addition
NAME *3028 LAKE O*
STREET ADDRESS *RIVIERA BEACH, FL 33404*
CITY-ST-ZIP

TITLE *EDITH BREWER* ☐ Change ☒ Addition
NAME *522 18th ST*
STREET ADDRESS *WEST PALM BEACH, FL 33407*
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Willie Emerson Clarke, Everee Emerson Clarke 2/3/06 (561) 832-9799*