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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000907 (3)

1. Corporation Name

NORTH WEST POMPANO NEIGHBORHOOD WATCH INC.



Principal Place of Business

Mailing Address

3907 N FEDERAL HIGHWAY DEPT. 123
POMPANO BEACH FL 330643907 N FEDERAL HIGHWAY DEPT. 123
POMPANO BEACH FL 33064-60423. Date Incorporated or Qualified
02/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTMAN, MARY C
4020 NW 3RD WAY
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 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME POTTER, ROBERT
STREET ADDRESS 3701 NW 4TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 330641.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Huffman, Carolyn
1.3 STREET ADDRESS 551 NW 43rd Street
1.4 CITY-ST-ZIP Pompano Beach FL 33064TITLE VD ☒ DELETE
NAME HUFFMAN, CAROLYN
STREET ADDRESS 551 NW 43RD STREET
CITY-ST-ZIP POMPANO BEACH FL 330642.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Joseph DeChristina
2.3 STREET ADDRESS 4491 NW 1st Terr.
2.4 CITY-ST-ZIP Pompano Beach, FL 33064TITLE SD ☒ DELETE
NAME STADING, ALICE
STREET ADDRESS 4001 NW 3RD AVENUE
CITY-ST-ZIP POMPANO BEACH FL 330643.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Patricia Huffman
3.3 STREET ADDRESS 551 NW 43rd St
3.4 CITY-ST-ZIP Pompano Beach, FL 33064TITLE TD ☒ DELETE
NAME PITTMAN, MARY C
STREET ADDRESS 4020 NW 3RD WAY
CITY-ST-ZIP POMPANO BEACH FL 330644.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Deanna Jewett
4.3 STREET ADDRESS 513 NW 43rd Place
4.4 CITY-ST-ZIP Pompano Beach, FL 33064TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE: X Carolyn Huffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97

Date Daytime Phone # 0021959

CR2E037 (9/96)