SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 90 AUG - 4 PM 2: 36 **DIVISION OF CORPORATIONS** 1999 DOCUMENT # N9600003153 1. Corporation Name CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC. Principal Place of Business Mailing Address 1900 N.W. 6TH AVENUE 1900 N.W. 6TH AVENUE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2/22/99 90064 009 \$70.00 Date Incorporated or Qualifed 06/12/1996 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0748314 22 Not Applicable City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 23 28 Zip Zip Country Country 6. Election Campaign Financing \$5.00 May Be 25 24 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARKE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1900 N.W. 6TH AVENUE 83 POMPANO BEACH FL 33060 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 □ D€LETE TITLE 1.1 TITLE CLARKE, ROBERT 1.2 NAME NAME 1900 N.W. 6TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE TITLE SD 2.1 TITLE GRIFFIN, EASTER MAE NAME 2.2 NAME 1565 N.W. 3RD WAY STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33060 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE TD neal, doshia lee 3.2 NAME NAME 1570 N.W. 7TH AVENUE 3.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 3.4. CITY-ST-ZIP N.W. 7sh- A DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS Pano Bch. Flax 33060 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TILE □ DELETE

14. Thereby 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 didicated 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.

6.4 CITY-ST-ZIP

6.2 NAME

8.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED