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 CORPORATION ANNUAL REPORT
1999

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

FILED
99 AUG -4 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000265

DOCUMENT # **N96000003153**

1. Corporation Name
CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC.

Principal Place of Business	Mailing Address
1900 N.W. 6TH AVENUE POMPANO BEACH FL 33060	1900 N.W. 6TH AVENUE POMPANO BEACH FL 33060

2/22/99 90064 009 $70.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0748314 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARKE, ROBERT 1900 N.W. 6TH AVENUE POMPANO BEACH FL 33060	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, ROBERT		1.2 NAME	Robert A. Clark
STREET ADDRESS	1900 N.W. 6TH AVENUE		1.3 STREET ADDRESS	1900 NW 6th Ave
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	Pompano, fla
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, EASTER MAE		2.2 NAME	Easter Mae Griffin
STREET ADDRESS	1565 N.W. 3RD WAY		2.3 STREET ADDRESS	1565 NW. 3rd Way,
CITY-ST-ZIP	POMPANO BEACH FL 33060		2.4 CITY-ST-ZIP	Pompano Beach Fl 33060
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, DOSHIA LEE		3.2 NAME	
STREET ADDRESS	1570 N.W. 7TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	Doshia Lee Neal
STREET ADDRESS			4.3 STREET ADDRESS	1570 N.W. 7th Ave
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pompano Bch. Fla 33060
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

8/6/99
KE

CR2E037 (5/99)

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: SIGNATURE REQUIRED Robert A. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #