

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

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90023 044 ****61.25

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1. Entity Name

CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC.



Principal Place of Business

**500 N.W. 15TH COURT
POMPANO BEACH FL 33060**

Mailing Address

**500 N.W. 15TH COURT
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0748314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARKE, ROBERT
1900 N.W. 6TH AVENUE
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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 re-registering)

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 PD ☐ Delete
NAME CLARKE, ROBERT
STREET ADDRESS 1900 N.W. 6TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Delete
NAME WALKER, IDELLA
STREET ADDRESS 1509 NW 3RD WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE S ☐ Delete
NAME CLARKE, VIOLA
STREET ADDRESS 500 N.W. 15TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME Robert Clarke
STREET ADDRESS 1900 N.W. 6th Ave.
CITY-ST-ZIP Pompano B. Fl 33060

TITLE ☐ Delete
NAME Idella Walker
STREET ADDRESS 1509 N.W. 3rd way
CITY-ST-ZIP Pompano B. Fl 33060

TITLE ☐ Delete
NAME Viola Clarke
STREET ADDRESS 500 N.W. 15th Ct.
CITY-ST-ZIP Pompano B. Fl 33060

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Robert Clarke*

1-31-06 954)782-6207