

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90082 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002228**

1. Corporation Name  
**POMPANO BEACH-LIGHTHOUSE ROTARY FOUNDATION KERRY S. MCNAMARA FUND, INC.**

Principal Place of Business 2189 SE 9TH STREET POMPANO BEACH FL 33062	Mailing Address 2189 SE 9TH STREET POMPANO BEACH FL 33062
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	3. Date Incorporated or Qualified 04/21/1997	4. FEI Number 65-0816886	Applied For Not Applicable
25. Zip Country	29. Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**KERSHAW, JAMES**  
**729 NE 6 STREET**  
**POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name <b>LARRY MELLGREN</b>	85 Zip Code <b>33308</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5400 N. OCEAN BLVD #32</b>	
84 City <b>FORT LAUDERDALE FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Larry Mellgren DATE: APRIL 26, 1999

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELLGREN, LARRY	
STREET ADDRESS	5400 N. OCEAN BLVD. #32	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	BEMENT, RICHARD	
STREET ADDRESS	1401 S. OCEAN BLVD., #1009	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, GREGG	
STREET ADDRESS	2320 NE 35TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	SE	<input checked="" type="checkbox"/> DELETE
NAME	CASTAGNOLA, JIMMY	
STREET ADDRESS	244 MARATHON LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEHL, JOHN R	
STREET ADDRESS	ONE SOUTH OCEAN BLVD., #4	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BEMENT, RICHARD</b>
2.3 STREET ADDRESS	<b>1401 S. OCEAN BLVD #1009</b>
2.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CASTAGNOLA, JIMMY</b>
4.3 STREET ADDRESS	<b>244 MARATHON LANE</b>
4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33312</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Larry Mellgren DATE: 4/26/99

CR2E037 (11/98)