

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90406 037 ****61.25

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1. Entity Name

THE POMPANO BEACH HIGH SCHOOL ALUMNI
ASSOCIATION, INC.



Principal Place of Business

737 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

737 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0846700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ZIMMERMAN, STEPHEN L
737 EAST ATLANTIC BLVD.
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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 ZIMMERMAN, STEPHEN L
STREET ADDRESS 737 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE DVP ☐ Delete
NAME ARMSTRONG, ANZIA
STREET ADDRESS PO BOX 1866
CITY-ST-ZIP POMPANO BCH FL 33061

TITLE D ☐ Delete
NAME TRUDELL, JEFF
STREET ADDRESS 2240 NW 39 AVE
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE D ☐ Delete
NAME TRUDELL, JUDY
STREET ADDRESS 2420 N E 31 CT
CITY-ST-ZIP LIGHTHOUSE FL 33064

TITLE DVP ☐ Delete
NAME SALEY, JOY
STREET ADDRESS 221 SW 18 CT
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-2-04

Date

954-941-5432

Daytime Phone #