


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90091 041 \*\*\*\*61.25

<b>DOCUMENT #</b> <i>19900000044</i>	
<b>1. Entity Name</b> POMPAÑO BEACH ECONOMIC DEVELOPMENT COUNCIL, INC.	

**DO NOT WRITE IN THIS SPACE**

**50049810**

<b>2. Principal Place of Business</b> 100 W. Atlantic Blvd.	<b>3. Mailing Address</b> 100 W. Atlantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Pompano Beach, FL	<b>City &amp; State</b> Pompano Beach, FL
<b>Zip</b> 33060	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Anne DuFresne	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 651 SW 6 Street	
	<b>City</b> Pompano Beach, FL	<b>Zip Code</b> 33060

**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** *Anne DuFresne* **Anne DuFresne, Treasurer** **5/2/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Keith, William, Chairperson 301 E. Atlantic Blvd. Pompano Beach, FL 33060	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Steve Hickman 6451 N. Federal Hwy., STE 101 Ft. Lauderdale, FL 33308	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary Roy Rogers 2200 Park Central Blvd N. Pompano Beach, FL 33064	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anne DuFresne 651 SW 6 Street Pompano Beach, FL 33060	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Anne DuFresne (signature above) **5/2/05**

CR2E037B (12/02)