



**CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION**

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
Post Office Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ___ Mrs. Ms. ___ Miss ___ Name: GWENDOLYN S. LEYS
(Optional)

Residence Information:

Home Address: 620 SE 5th Terrace
City/State/Zip: Pompano Beach FL 33060
Home Phone: 954-942-8108 Cell Phone: 954-647-3539
Email: gsleys RN@bellsouth.net Fax: 954-942-8188

Business Information:

Employer/Business Name: Comprehensive Home Care
Current Position / Occupation: RN - Field Nurse
Business Address: 6450 NW 5th Way
City/State/Zip: Ft. Lauderdale, FL 33309
Business Phone: 954-834-2222 Fax: 954-834-2229 Email:

Are you a U.S. Citizen? Yes No ___
Are you a resident of Pompano Beach? Yes No ___ Reside in District: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___
Do you own real property in Pompano Beach? Yes No ___
Are you a registered voter? Yes No ___
Have you ever been convicted of a felony? Yes ___ No
Current or prior service on governmental boards and/or committees: Marine Advisory Board

Please make a check next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf	<input checked="" type="checkbox"/> Marine
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Zoning Board of Appeals

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: Hahnemann University (Now Drexel)
Philadelphia, Pa RN-BSN

Experience: Registered Nurse since 1981 to
present

Past Positions: Charge Nurse - Psych units -
Newark Regional Hosp
Head Nurse - Complete Dialysis Care - Coral
Home Health Nurse - Comprehensive Services
Home Care

Hobbies: Community Service - Coast Guard
Kiwanis Club

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature: Guendolen S. Teep

Date: 10-12-11

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

Please check one: New Application Currently Serving on Board Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
P. O. Drawer 1300, Pompano Beach, FL 33061
www.pompanobeachfl.gov

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Name: Kenneth Collins
 (Optional)

Residence Information:

Home Address: 370 SE 16 Ave
 City/State/Zip: Pompano Beach Fl. 33060
 Home Phone: _____ Cell Phone: 954 632-2124
 Email: Captken@bellsouth.net Fax: _____

Business Information:

Employer/Business Name: Seacor Marine
 Current Position / Occupation: Retired/ Ship docking tugboat pilot Port Everglades
 Business Address: 2200 Eller Drive
 City/State/Zip: Port Everglades Fl. 33316
 Business Phone: 954 523-2200 Fax: _____ Email: _____

Are you a U.S. Citizen? Yes No
 Are you a resident of Pompano Beach? Yes No Reside in District: 1 2 3 4 5
 Do you own real property in Pompano Beach? Yes No
 Are you a registered voter? Yes No
 Have you ever been convicted of a felony? Yes No

Current or prior service on governmental boards and/or committees: Florida and Pompano Marine Boards

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input checked="" type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	CRA East	<input checked="" type="checkbox"/>	Golf Advisory Board	<input checked="" type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	Hillsboro Inlet District	<input type="checkbox"/>	Marine
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	Nuisance Abatement Board
<input type="checkbox"/>		<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input checked="" type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	*Zoning Board of Appeals

***Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

In addition a Resume may be attached

Education: High School, Merchant Marine, Leadership and Managerial Skills, Advance Fire Fighting,

Train the Trainer Course, First Aid, Standards of Training, Certification and Watchkeeping (STCW)

Radar Observer

Experience: Ship docking Port Everglades, Boat Handling and Towing, Renovating and Remodeling of House's and

Apartment buildings for rental income.

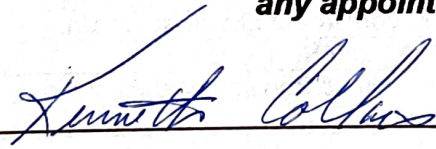
Past Positions: Captain of tugboats, Seafarer on many research ships, tankers and freighters,

Instructor on Simulator at STAR Center Dania Fl. Assessor for Towing Officer Assessment Record

(TOAR). Landlord of apartment buildings. Boating Advisory Council State of Florida.

Hobbies: Lifetime golf lover, travel, boating, remodeling houses

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature: 

Date: 12/9/22

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

Please check one: New Application Currently Serving on Board Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



**CITY OF POMPANO BEACH
ADVISORY BOARD / COMMITTEE
APPLICATION**

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2022 DEC 15 AM 11:00

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
P. O. Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Name: LYNNE MITCHEM
(Optional)

Residence Information:

Home Address: 491 SE 1st TERRACE
City/State/Zip: POMPANO BEACH, FL 33060
Home Phone: _____ Cell Phone: 954 682 9068
Email: CRZYWTR.LM@GMAIL.COM Fax: _____

Business Information:

Employer/Business Name: BUEWATER MOVEMENTS INC
Current Position / Occupation: ADMINISTRATION
Business Address: 120 SE 2 ST
City/State/Zip: DEERFIELD BEACH FL 33441
Business Phone: 954-725-4010 Fax: _____ Email: ADMIN@BUEWATERMOVEMENTS.COM

Are you a U.S. Citizen? Yes No
Are you a resident of Pompano Beach? Yes No Reside in District: 1 ___ 2 ___ 3 4 ___ 5 ___
Do you own real property in Pompano Beach? Yes No
Are you a registered voter? Yes No
Have you ever been convicted of a felony? Yes ___ No
Current or prior service on governmental boards and/or committees: NONE

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	CRA East	<input type="checkbox"/>	Golf Advisory Board	<input checked="" type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	Historic Preservation	<input checked="" type="checkbox"/>	Marine
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input checked="" type="checkbox"/>	*Zoning Board of Appeals
<input type="checkbox"/>		<input type="checkbox"/>	Nuisance Abatement Board	<input type="checkbox"/>	Local Complete Count (Census)

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: AA FROM MIAMI DADE COMMUNITY COLLEGE
SOME CLASSES @ FAU

Experience: NO CITY/BOARD EXPERIENCE VOLUNTEER @ RIDING STABLE
AT TRADEWINDS PARK 4+ YEARS ALSO VOLUNTEERED AND NOW
WORK FOR FISHING TOURNAMENT COMPANY 25+ YEARS

Past Positions: NONE

Hobbies: FISHING, HORSES

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature: *James Mitchem* Date: 12/5/22

Initials of Clerk or Deputy: _____ Date received or confirmed: _____

Please check one: New Application Currently Serving on Board Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
P. O. Drawer 1300, Pompano Beach, FL 33061
www.pompanobeachfl.gov

Mr. Mrs. Ms. Miss Name: Mark Hanke
 (Optional)

Residence Information:

Home Address: 420 Southeast 1st Terrace
 City/State/Zip: Pompano Beach, FL 33060
 Home Phone: 954-850-1432 Cell Phone: 954-914-1009
 Email: cudasail@gmail.com Fax: _____

Business Information:

Employer/Business Name: Merritt Boat and Engine Works
 Current Position / Occupation: Director of Service
 Business Address: 2931 NE 16th Street
 City/State/Zip: Pompano Beach, FL 33062
 Business Phone: 954-941-5207 Fax: _____ Email: mhanke@merrittboat.com

Are you a U.S. Citizen? Yes No
 Are you a resident of Pompano Beach? Yes No Reside in District: 1 2 3 4 5
 Do you own real property in Pompano Beach? Yes No
 Are you a registered voter? Yes No
 Have you ever been convicted of a felony? Yes No

Current or prior service on governmental boards and/or committees: _____

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	CRA East	<input checked="" type="checkbox"/>	Golf Advisory Board	<input checked="" type="checkbox"/>	Marine
<input type="checkbox"/>	CRA West	<input checked="" type="checkbox"/>	Hillsboro Inlet District	<input type="checkbox"/>	Nuisance Abatement Board
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>		<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input type="checkbox"/>	*Zoning Board of Appeals

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: Cradinal Gibbons High school Ft Lauderdale- Broward College- Louisiana Stae Universi

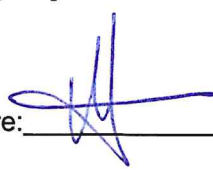
Experience: _____

Past Positions: Officer of the MIA SF of Ft. Lauderdale for approximatley 8 years and board mem.

Broward College Marine Advisory Board for education

Hobbies: Fishing- Golfing

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature:  _____

Date: 8/20/23

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

Please check one: New Application Currently Serving on Board Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.