

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **722147** (6)  
1. Corporation Name  
**POMPANO BEACH POWER SQUADRON AUXILIARY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
3701 NE 18TH TERRACE 3701 NE 18TH TERRACE  
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

3. Date Incorporated or Qualified <b>11/22/1971</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-6177692</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**SANDS, JANE**  
**3701 NE 18TH TERRACE**  
**POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent  
81 Name **Same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>HAMBRICK, FRANCES</b> 4940 NE 27TH TERRACE LIGHTHOUSE POINT FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	<b>OLSEN, BARBARA</b> 610 S.E. 8TH AVENUE POMPANO FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>V.P.</b>
NAME		2.2 NAME	<b>ELLA OELRICH</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2741 NE 48 STREET</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE <b>S</b>	<b>ROYCE, EUNICE</b> 1445 SE 15TH COURT DEERFIELD BEACH FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Sec.</b>
NAME		3.2 NAME	<b>SHIRLEY CWIK</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6205 BALBOA CIRCLE</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>
TITLE <b>T</b>	<b>GARNER, DORIS</b> 1537 S.W. 21ST WAY DEERFIELD BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>CWIK, SHIRLEY</b> 6205 BALBOA CIRCLE BOCA RATON FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D.</b>
NAME		5.2 NAME	<b>BARBARA WYATT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>510 N.E. GOLDEN HARBOR DR.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>
TITLE <b>D</b>	<b>MITCHELL, COLLEEN</b> 2320 N.E. 27TH STREET LIGHTHOUSE POINT FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

*Ella Oelrich* **ELLA OELRICH**

11 APRIL 1995 305-941-0143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Year #)