

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722147 (6)

1. Corporation Name
POMPANO BEACH POWER SQUADRON AUXILIARY, INC.



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

3. Date Incorporated or Qualified: 11/22/1971
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-6177692
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAMBRICK, FRANCES	
STREET ADDRESS	4940 NE 27TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OELRICH, ELLA	
STREET ADDRESS	271 NE 48 STREET	
CITY-ST-ZIP	LIGHTHOUSE PO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CWIK, SHIRLEY	
STREET ADDRESS	6205 BALBOA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARNER, DORIS	
STREET ADDRESS	1537 S.W. 21ST WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYATT, BARBARA	
STREET ADDRESS	510 NW GOLDEN HARBOR DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, COLLEEN	
STREET ADDRESS	2320 N.E. 27TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 any attachment with an address.

SIGNATURE: *Doris Garner* 4/12/96 782 7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)