

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90096 040 \*\*\*\*61.25

0026402

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 722147**

1. Corporation Name  
**POMPANO BEACH POWER SQUADRON AUXILARY, INC.**

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

Mailing Address  
 3701 NE 18TH TERRACE  
 POMPANO BEACH FL 33064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/22/1971</b>	
21		26		4. FEI Number <b>59-6177692</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28			
Zip	Country	Zip	Country		
24		29			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SANDS, JANE</b> <b>3701 NE 18TH TERRACE</b> <b>POMPANO BEACH FL 33064</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMBRICK, FRANCES</b>	1.2 NAME	
STREET ADDRESS	<b>4940 NE 27TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OELRICH, ELLA</b>	2.2 NAME	
STREET ADDRESS	<b>271 NE 48 STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CWIK, SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>6205 BALBOA CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, DORIS</b>	4.2 NAME	
STREET ADDRESS	<b>1537 S.W. 21ST WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYATT, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>510 NW GOLDEN HARBOR DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, COLLEEN</b>	6.2 NAME	
STREET ADDRESS	<b>2320 N.E. 27TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **JANE SANDS** **REQUIRED** \_\_\_\_\_ Date: **4/30/99** Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)