

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90037 002 ****61.25

DOCUMENT # 722147

1. Entity Name

POMPANO BEACH POWER SQUADRON AUXILIARY, INC.

Principal Place of Business

Mailing Address

3701 NE 18TH TERRACE
 POMPANO BEACH FL 33064

3701 NE 18TH TERRACE
 POMPANO BEACH FL 33064-6642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6177692

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDS, JANE
3701 NE 18TH TERRACE
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Jane Sands

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Sands
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00 *954-941-3640*
 Date Daytime Phone #

CR2E037 (9/99)