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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 722147

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



FILED
04 MAY -5 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05102004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
59-6177692

Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500036276235
 05/13/04--01078--007 Change Addition
****\$61.25**

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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Business Entity Name

POMPANO BEACH POWER SQUADRON AUXILARY, INC.

FEI Number

596177692

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No

Principal Place of Business

Address

3701 NE 18TH TERRACE

Suite, Apt. #, etc.

City, State

POMPANO BEACH, FL

Zip Code & Country

33064

Mailing Address

Address

3701 NE 18TH TERRACE

Suite, Apt. #, etc.

City, State

POMPANO BEACH, FL

Zip Code & Country

33064

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

SANDS, JANE

Address

3701 NE 18TH TERRACE

Suite, Apt. #, etc.

City, State

POMPANO BEACH, FL

Zip Code & Country

33064 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Jane Sands



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Business Entity Name
POMPANO BEACH POWER SQUADRON AUXILARY, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title: P

Name (Last, First, Middle, Title): HAMBRICK, FRANCES

-or- Entity Name:

Street Address: 4940 NE 27TH TERRACE

City, State: LIGHTHOUSE POINT, FL

Zip Code & Country:

Title: VP

Name (Last, First, Middle, Title): OELRICH, ELLA

-or- Entity Name:

Street Address: 271 NE 48 STREET

City, State: LIGHTHOUSE, PO

Zip Code & Country:

Title: S

Name (Last, First, Middle, Title): CWIK, SHIRLEY

-or- Entity Name:

Street Address: 6205 BALBOA CIRCLE

City, State: BOCA RATON, FL

Zip Code & Country:

Title: T

Name (Last, First, Middle, Title): GARNER, DORIS

-or- Entity Name:

Street Address: 1537 S.W. 21ST WAY

City, State DEERFIELD BEACH, FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title) WYATT BARBARA

-or- Entity Name

Street Address 510 NW GOLDEN HARBOR DRIVE

City, State BOCA RATON, FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title) MITCHELL COLLEEN

-or- Entity Name

Street Address 2320 N.E. 27TH STREET

City, State LIGHTHOUSE POINT, FL

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title T

Doris Garner

Officer/Director Signature DORIS GARNER

Continue Reset

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