

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722147

FILED
May 01, 2005
Secretary of State

Entity Name: POMPANO BEACH POWER SQUADRON AUXILARY, INC.

Current Principal Place of Business:

3701 NE 18TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3701 NE 18TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-6177692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMBRICK, FRANCES
Address: 4940 NE 27TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL

Title: VP () Delete
Name: OELRICH, ELLA
Address: 271 NE 48 STREET
City-St-Zip: LIGHTHOUSE POINT,

Title: S () Delete
Name: CWIK, SHIRLEY
Address: 6205 BALBOA CIRCLE
City-St-Zip: BOCA RATON, FL

Title: T () Delete
Name: GARNER, DORIS
Address: 1537 S.W. 21ST WAY
City-St-Zip: DEERFIELD BEACH, FL

Title: D () Delete
Name: WYATT, BARBARA
Address: 510 NW GOLDEN HARBOR DRIVE
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: MITCHELL, COLLEEN
Address: 2320 N.E. 27TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS GARNER

T

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date