

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722147

FILED
Mar 28, 2009
Secretary of State

Entity Name: POMPANO BEACH POWER SQUADRON AUXILARY, INC.

Current Principal Place of Business:

3701 NE 18TH TERRACE
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

3701 NE 18TH TERRACE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 59-6177692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: GARNER, DORIS MRS
Address: 1537 SW 21ST WAY
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP () Delete
Name: LAFONTAINE, KATHERINE MRS
Address: 2660 NE 47TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: S () Delete
Name: CWIK, SHIRLEY MRS
Address: 6343 VIA DE SONRISA DEL SOL
City-St-Zip: BOCA RATON, FL 33433 US

Title: T () Delete
Name: DEAN, JANET MRS
Address: 4300 NW 110TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D () Delete
Name: PINKSTON, JUDITH MRS
Address: 923 SE 17TH STREET
City-St-Zip: DEERFIELD, FL 33441 US

Title: D () Delete
Name: DEVANE, JEAN MRS
Address: 1100 SE 5TH COURT #100
City-St-Zip: POMPANO BEACH, FL 33060 US

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
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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 exemption stated in Chapter 119, 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

P

03/28/2009

Electronic Signature of Signing Officer or Director

Date