

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90150 016 ****61.25

DOCUMENT # 722147



1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 *Jane Sands*

DATE *May 1-03*

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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*

CR2E037 (10/02)