

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JAN 25 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837225 (2)

1. Corporation Name

POMONA COLLEGE

Principal Place of Business

**BUSINESS OFFICE
550 N. COLLEGE AVE.
CLAREMONT CA 91711-6328**

Mailing Address

**BUSINESS OFFICE
550 N. COLLEGE AVE.
CLAREMONT CA 91711-6328**

800001392548

-01/30/95--01037--017

*******25 *****61.25**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1976

3a. Date of Last Report

06/20/1994

4. FEI Number

95-1664112

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUDZIAK, LEONARD J
12000 NO BAYSHORE DR APT 406
NO MIAMI FL 33181**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C/D

TRANQUADA, ROBERT

550 N. COLLEGE WAY

CLAREMONT CA 91711-6328

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D

STANLEY, PETER W

550 N. COLLEGE AVE.

CLAREMONT CA 91711-6328

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/D

MILLER, CARLENE

550 N. COLLEGE WAY

CLAREMONT CA 91711-6328

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

BESSE, PATRICIA A

550 N. COLLEGE WAY

CLAREMONT CA 91711-6328

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

NON-PROFIT WITH 501(c)(3)

2/6/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia A. Besse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95
Date

(909) 621-8131
Telephone #

2

Internal Revenue Service
EP/EO Disclosure Desk
P.O. Box 2350 Los Angeles, CA 90053

Person to Contact:
L. Barragan (A to K)
F. Miralor (L to Z)

Telephone Number:
(213) 894-2336

Refer Reply to:
92-530

Date:
Jan 20, 1992

POMONA COLLEGE

333 N COLLEGE WAY
CLAREMONT, CA 91711

RE: 95-1664112
POMONA COLLEGE

Gentlemen:

This is in response to your request for a determination letter of the above-named organization.

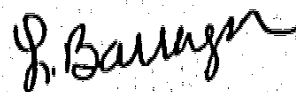
A review of our records indicates that the above-named organization was recognized to be exempt from Federal income tax in December 1954, as an organization described in Internal Revenue Code section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the code, because it is an organization described in section 170(b)(1)(A)(i).

This letter is to verify your exempt status and the fact that the determination letter issued in December 1954 continues to be in effect.

If you are in need of further assistance, please feel free to contact me at the above address.

We appreciate your cooperation in this regard.

Sincerely,



Disclosure Assistant