


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000035 1. Entity Name PORT AUTHORITY POLICE AUXILIARY, IN.	
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Principal Place of Business 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913	Mailing Address 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0888104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CYPHERT, BILL JR.
1600 CHAMBERLIN PKWY., S-8671
FT. MYERS, FL 33913

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CYPHERT, BILL JR. 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SCHNELL, KATHY 1600 CHAMBERLIN PKWY., S-8671 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SILVERTHORN, RICHARD 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913
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02/26/05-80027-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bill Cypert 237615 238768 4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #