


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90148 033 \*\*\*\*61.25

<b>DOCUMENT # N99000000035</b>	
1. Entity Name PORT AUTHORITY POLICE AUXILIARY, IN.	

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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2. Principal Place of Business 11000 Terminal Access Rd Suite, Apt. #, etc. Suite 8671 City & State Fort Myers, FL Zip 33913	3. Mailing Address 11000 Terminal Access Rd Suite, Apt. #, etc. Suite 8671 City & State Fort Myers, FL Zip 33913
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01132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0888104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CYPHERT, BILL JR. 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913	7. Name and Address of New Registered Agent Name Cyphert, Bill Jr. Street Address (P.O. Box Number is Not Acceptable) 11000 Terminal Access Rd Suite 8671 City Fort Myers FL Zip Code 33913
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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 William B Cyphert Jr 11 Apr 06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CYPHERT, BILL JR 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cyphert, Bill Jr. 11000 Terminal Access Rd., S-8671 Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHNELL, KATHY 1600 CHAMBERLIN PKWY., S-8671 FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Schnell, Kathy 11000 Terminal Access Rd., S-8671 Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVERTHORN, RICHARD 1600 CHAMBERLIN PKWY., S-8671 FT. MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Silverthorn, Richard 11000 Terminal Access Rd., S-8671 Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William B Cyphert Jr 11 Apr 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #