


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000035 1. Entity Name PORT AUTHORITY POLICE AUXILIARY, IN.	
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Principal Place of Business 11000 TERMINAL ACCESS RD SUITE 8671 FORT MYERS, FL 33913	Mailing Address 11000 TERMINAL ACCESS RD SUITE 8671 FORT MYERS, FL 33913
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03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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. 11000 TERMINAL ACCESS RD SUITE 8671 FORT MYERS, FL 33913
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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: William B Cyphert DATE: 13 Apr 07
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007	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 .. PD	
NAME CYPHERT, BILL JR	
STREET ADDRESS 11000 TERMINAL ACCESS RD., SUITE 8671	
CITY-ST-ZIP FORT MYERS, FL 33913	
TITLE VSD	
NAME SCHNELL, KATHY	
STREET ADDRESS 11000 TERMINAL ACCESS RD., SUITE 8671	
CITY-ST-ZIP FORT MYERS, FL 33913	
TITLE TD	
NAME SILVERTHORN, RICHARD	
STREET ADDRESS 11000 TERMINAL ACCESS RD., SUITE 8671	
CITY-ST-ZIP FORT MYERS, FL 33913	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80013-017 61.25

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 William B Cyphert Jr DATE: 13 Apr 07 239 590 4810
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR