### 2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 837225** 

**Entity Name: POMONA COLLEGE** 

FILED
Apr 11, 2016
Secretary of State
CC6856566874

## **Current Principal Place of Business:**

BUSINESS OFFICE/TRUST ADMIN 550 N. COLLEGE AVENUE CLAREMONT, CA 91711

# **Current Mailing Address:**

BUSINESS OFFICE/TRUST ADMIN PENDLETON BUILDING 150 E. EIGHTH STREET CLAREMONT, CA 91711 US

FEI Number: 95-1664112 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SLICKER, WILLIAM D. 5505 38TH AVENUE N. ST. PETERSBURG, FL 33710 US

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.

SIGNATURE: WILLIAM D. SLICKER 04/11/2016

**Electronic Signature of Registered Agent** 

Date

### Officer/Director Detail:

Title C Title F

Name GLICK, SAMUEL D. Name OXTOBY, DAVID

Address 550 N. COLLEGE AVENUE Address 550 N. COLLEGE AVE.

City-State-Zip: CLAREMONT CA 91711 City-State-Zip: CLAREMONT CA 91711-6383

Title VT Title S

Name SISSON, KAREN Name SHAW, TERESA

Address 550 N COLLEGE AVENUE Address 550 N COLLEGE AVENUE

City-State-Zip: CLAREMONT CA 91711-6383 City-State-Zip: CLAREMONT CA 91711-6383

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERESA SHAW

Electronic Signature of Signing Officer/Director Detail

SECRETARY 04/11/2016