

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE

FILED

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▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation Principal Office: 365975 POMPANO SENIOR SQUADRON FLYING CLUB, INC. P O BOX 2722 80 NORTH RIVER SIDE DRIVE POMPANO BEACH, FLA 33062	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code
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If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida 6/27/70	4. Federal Employer Identification Number (FEIN) 99-1416663	5. Date of Last Report 1976
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Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CLEMMONS, KERRY	PRES		2521 N.E. 51 STREET	LIGHTHOUSE POINT, FL
BECK, WILLIAM C.	V.P.		6830 BROADMOOR	N. LAUDERDALE, FL
KEESBE, PAUL	SEC		4899 N.W. 4TH AVE.	BOCA RATON, FL
HAYCOCK, ROBERT J.	TRES		2410 N.E. 32 COURT	LIGHTHOUSE POINT, FL
WATKINS, KIRKE		DIR	2717 N.E. 11 STREET	POMPANO BEACH, FL

7. Registered Agent Information If you wish to change Registered Agent on this form, enter all new information here ▶	Name CLEMMONS, KERRY	Street Address (Do NOT Use P.O. Box Number) 2521 N.E. 51 STREET
	City, State and Zip Code LIGHTHOUSE POINT, FL 33064	
	Name	Street Address (Do NOT Use P.O. Box Number)
	City, State and Zip Code	

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Name of Signing Officer Robert J. HAYCOCK	Title TREAS.	Telephone Number 3059424044
Signature Robert J. Haycock		Date 2-14-77

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