

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365975

FILED  
Feb 05, 2005  
Secretary of State

Entity Name: POMPANO SENIOR SQUADRON FLYING CLUB, INC.

**Current Principal Place of Business:**

1950 N.E. 6 STREET  
P.O. BOX 1762  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1950 N.E. 6 STREET  
P.O. BOX 1762  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-1416663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELLGREN, LAURENCE  
5400 N OCEAN BLVD #32  
FT. LAUDERDALE, FL 33308      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELLGREN, LAURENCE,  
Address: 5400 N. OCEAN BLVD  
City-St-Zip: FT. LAUDERDALE, FL

Title: T ( ) Delete  
Name: SHERMAN, JAMES,  
Address: 2171 NW 40TH TERR  
City-St-Zip: COCONUT CREEK, FL

Title: VP ( ) Delete  
Name: MAGNON, JOHN,  
Address: 2800 S OCEAN BLVD #6C  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: MORRIS, JEFFERY  
Address: 6070 VERDE TRAIL #604  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MELLGREN, LAURENCE P,D  
Address: 5400 N. OCEAN BLVD  
City-St-Zip: FT. LAUDERDALE, FL

Title: T (X) Change ( ) Addition  
Name: CHALFANT, CHRISTOPHER D T,D  
Address: 608 SW 8TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP (X) Change ( ) Addition  
Name: WATKINS, DAVID VP,D  
Address: 3240 LAKESHORE DR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D (X) Change ( ) Addition  
Name: MORRIS, JEFFERY S,D  
Address: 1977 NW 29TH RD.  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D. CHALFANT

T,D

02/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date