

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365975

FILED
Jan 13, 2007
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:

608 SW 8TH TERRACE
FT. LAUDERDALE, FL 33315

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: P,D () Delete
Name: MELLGREN, LAURENCE
Address: 5400 N. OCEAN BLVD, #32
City-St-Zip: FT. LAUDERDALE, FL 33308

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

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

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

Title: D () Delete
Name: FARNELL, JOHN
Address: 1051 SE 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/13/2007

Electronic Signature of Signing Officer or Director

_____ Date