

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365975

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: POMPANO SENIOR SQUADRON FLYING CLUB, INC.

**Current Principal Place of Business:**

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

**New Mailing Address:**

608 SW 8TH TERRACE  
FT. LAUDERDALE, FL 33315

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  
4509 KING PALM DRIVE  
TAMARAC, FL 33319      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: 4509 KING PALM DRIVE  
City-St-Zip: TAMARAC, FL 33319

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

Title: S, D      ( ) Delete  
Name: WARDELL, GUY  
Address: 2890 NE 26TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33306

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

Title: D      ( ) Delete  
Name: HANNAN, ROBERT  
Address: 2620 N.E. 10TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

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

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

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

Title: S, D      (X) Change ( ) Addition  
Name: MILLER, MARK  
Address: 8134 THAMES BLVD #A  
City-St-Zip: BOCA RATON, FL 33433

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 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

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date