

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702826** (9)

1. Corporation Name

TARPON SPRINGS POWER SQUADRON, INC.



Principal Place of Business

Mailing Address

**BAYWOOD VILLAGE CLUB
309 WESTWINDS DR
PALM HARBOR FL 34683
US**

**12720 PECAN TREE DR
HUDSON FL 34669
US**

3. Date Incorporated or Qualified
08/25/1961

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **BAYWOOD VILLAGE CLUB**
Suite, Apt. #, etc.

26 **1816 Georgia Ave.**
Suite, Apt. #, etc.

22 **305 WESTWINDS DR.**
City & State

27
City & State

23 **PALM HARBOR, FL**
Zip Country

28 **PALM HARBOR, FL**
Zip Country

24 **34683** 25 **U.S.**

29 **34683** 30 **U.S.**

4. FEI Number
59-0152365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, JOHN P.
12720 PECAN TREE DR.
HUDSON FL 34669**

81 Name
LASHO, JANICE
82 Street Address (P.O. Box Number is Not Acceptable)
1816 GEORGIA AVENUE
83
84 City
PALM HARBOR, FL 85 Zip Code
34683

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Janice Lasho
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/03/96
Date

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	HAMMER, LEO A.	
STREET ADDRESS	8603 BOYER CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	☒ DELETE
NAME	HARRIS, HOMER E.	
STREET ADDRESS	102 SCHOONER DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	☒ DELETE
NAME	CUNNINGHAM, JOHN P.	
STREET ADDRESS	12720 PECAN TREE DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	☒ DELETE
NAME	LEE, RUBEN B.	
STREET ADDRESS	4933 ANCHOR WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☐ DELETE
NAME	OLSEN, RICHARD E.	
STREET ADDRESS	1850 GEORGIA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Commander	
1.3 STREET ADDRESS	HARRIS, HOMER E.	
1.4 CITY-ST-ZIP	102 Schooner Drive	
	Palm Harbor, FL. 34689	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Exec.	
2.3 STREET ADDRESS	LEE, RUBEN	
2.4 CITY-ST-ZIP	4933 Anchor Way	
	New Port Richey, FL. 34652	
3.1 TITLE	TD	☐ Change ☐ Addition
3.2 NAME	Treas.	
3.3 STREET ADDRESS	LASHO, JANICE	
3.4 CITY-ST-ZIP	1816 Georgia Avenue	
	Palm Harbor, FL. 34683	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	Admin	
4.3 STREET ADDRESS	D HAMMER, LEO A.	
4.4 CITY-ST-ZIP	8603 Boyer Court	
	Hudson, FL. 34667	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Sec.	
5.3 STREET ADDRESS	OLSEN, RICHARD E.	
5.4 CITY-ST-ZIP	1850 Georgia Avenue	
	Palm Harbor, FL 34683	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	400001800544	
6.3 STREET ADDRESS	-04/30/96--01011--059	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janice Lasho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 April, 1996
Date

813-787-4737
Daytime Phone #

56-11 28-96
Date

CR2E037 (12/95)