

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 714143 (5)
1. Corporation Name
COCOA BEACH POWER SQUADRON, INC.



Principal Place of Business Mailing Address
206 ROSE DRIVE COCOA BEACH FL 32931 US
206 ROSE DRIVE COCOA BEACH FL 32931 US

3. Date Incorporated or Qualified
02/21/1968
4. FEI Number
59-3008037
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 155 ARTEMIS BLVD Suite, Apt. #, etc.
22 MERRITT ISLAND, FL City & State
23 32953 Zip Country US
24 25 US 26 27 MERRITT ISLAND, FL City & State
28 32953 Zip Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HANCE, DONALD R
32 YAUL DRIVE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name
STONE, MICHAEL A
82 Street Address (P.O. Box Number is Not Acceptable)
155 ARTEMIS BLVD
83 MERRITT ISLAND
84 City
FL 85 Zip Code
32953

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 *Michael A Stone* MICHAEL A. STONE TREASURER 4/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGSBY, ROBERT B	1.2 NAME	
STREET ADDRESS	26 DANUBE RIVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, GEORGE	2.2 NAME	BALKEMA, DUANE L
STREET ADDRESS	1935 SYKES CREEK DRIVE	2.3 STREET ADDRESS	1680 PELICAN DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952-5920
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCE, DONALD R	3.2 NAME	STONE, MICHAEL A
STREET ADDRESS	32 YAUL DRIVE	3.3 STREET ADDRESS	155 ARTEMIS BLVD
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael A Stone* MICHAEL A. STONE 4/27/98 (487) 861 0364

CPRE037 (10/97)