

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90029 009 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 714143

1. Corporation Name
COCOA BEACH POWER SQUADRON, INC.

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| Principal Place of Business 155 ARTEMIS BLVD MERRITT ISLAND FL 32953 US | Mailing Address 155 ARTEMIS BLVD MERRITT ISLAND FL 32953 US |
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| 2. Principal Place of Business 21 1525 SALMON ST Suite, Apt. #, etc. | 2a. Mailing Address 26 1525 SALMON ST Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 02/21/1968 |
| 22 City & State 23 MERRITT ISLAND, FL Zip 24 32952 | 27 City & State 28 MERRITT ISLAND, FL Country 29 BREVARD 30 32952 | 4. FEI Number 59-3008037 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent STONE, MICHAEL A 155 ARTEMIS BLVD MERRITT ISLAND FL 32953 | 10. Name and Address of New Registered Agent 81 Name SAYYAH, RAYMOND F. 82 Street Address (P.O. Box Number is Not Acceptable) 1525 SALMON ST 83 84 City MERRITT ISLAND FL 85 Zip Code 32952 |
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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 RAYMOND F. SAYYAH TD 4/9/99
 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 NAME GRIGSBY, ROBERT B STREET ADDRESS 26 DANUBE RIVER DRIVE CITY-ST-ZIP COCOA BEACH FL 32931 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE SD 1.2 NAME McCarley, Duane L 1.3 STREET ADDRESS 1430 SYKES CREEK DRIVE 1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD NAME BALKEMA, DUANE L STREET ADDRESS 1680 PELICAN DR CITY-ST-ZIP MERRITT ISLAND FL 32952-5920 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE PD 2.2 NAME Edward W Bonnett 2.3 STREET ADDRESS 830 N Atlantic Ave #1101 2.4 CITY-ST-ZIP Cocoa Beach, FL 32931 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE TD NAME STONE, MICHAEL A STREET ADDRESS 155 ARTEMIS BLVD CITY-ST-ZIP MERRITT ISLAND FL 32953 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE TD 3.2 NAME RAYMOND F. SAYYAH 3.3 STREET ADDRESS 1525 SALMON ST 3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: RAYMOND F. SAYYAH 3/24/99 407-306-4072
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR25037 (11/98)