
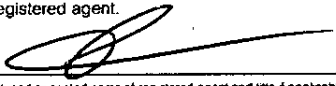



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90046 032 ****70.00

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|--|--|--|---|---|--|
| DOCUMENT # 714143 | | | |  | |
| 1. Entity Name COCOA BEACH POWER SQUADRON, INC. | | | | | |
| Principal Place of Business 613 MANATEE BAY DR CAPE CANAVERAL, FL 32920 US | | | Mailing Address 613 MANATEE BAY DR CAPE CANAVERAL, FL 32920 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3008037 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SMITH, RAYMOND C 613 MANATEE BAY DR CAPE CANAVERAL, FL 32920 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of <u>Raymond C. Smith</u> or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <u>Raymond C. Smith</u> 613 Manatee Bay Drive Cape Canaveral, FL 32920 DATE <u>10/MAY 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FICLE, RICHARD D 40 YACHT HAVEN DR COCOA BEACH, FL 32931 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULLER, MARION A. 104 RIVERCREEK DR. #C201 COCOA, FL 32922 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCHAEFER, ROBERT W 1525 MINUTEMEN CSWY WINTER BEACH, FL 32971 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MUNKEY, JOHN F. 939 ASPLEY MANE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED BERNBAUM, HOWARD M 1650 DAVIS DRIVE MERRITT ISLAND, FL 32952 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD JOHNSON, PAMELA H. 226 BIMINI ROAD COCOA BEACH, FL 32931 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD MICCOR, MARLOW A 104 RIVERSIDE DR COCOA, FL 32922 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD JOHNSON, PAMELA H. 226 BIMINI ROAD COCOA BEACH, FL 32931 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOHNSON, PAMELA H 226 BIMINI ROAD COCOA BEACH, FL 32931 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHONMAKER, SANDY 235 CROCKETT BUND #10 MERRITT ISLAND, FL 32953 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SMITH, RAYMOND C 610 MANATEE BAY DR CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empty. | | | | | |
| SIGNATURE:  | | Raymond C. Smith | | 10/MAY 2004 321-799-1991 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |