


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 036 ****70.00

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 2049 SYKES CREEK DR Merritt Island, FL		3. Mailing Address 2049 SYKES CREEK DR Merritt Island, FL	
Suite, Apt. #, etc. Merritt Island, FL		Suite, Apt. #, etc. Merritt Island, FL	
City & State		City & State	
Zip 32953	Country USA	Zip 32953	Country USA
4. FEI Number 59-3008037		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, RAYMOND C 613 MANATEE BAY DR CAPE CANAVERAL, FL 32920		7. Name and Address of New Registered Agent Name: J.P. LONGWAY III Street Address (P.O. Box Number is Not Acceptable): 2049 SYKES CREEK DR City: Merritt Island FL Zip Code: 32953	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: J.P. LONGWAY III		DATE: 24 FEB 2005	
Filing Fee is \$61.25 Due by May 1, 2005		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: PD NAME: MILLER, MARION A STREET ADDRESS: 104 RIVERSIDE DR. #C201 CITY-ST-ZIP: COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: MULKEY, JOHN F. STREET ADDRESS: 939 OSPREY LANE CITY-ST-ZIP: ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MURKEY, JOHN F STREET ADDRESS: 939 OSPREY LANE CITY-ST-ZIP: ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE: VPD NAME: SCHOONMAKER, SANDY STREET ADDRESS: 1850 N. COURTEWAY #103-10 CITY-ST-ZIP: MERRITT IS. FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ED NAME: BERNBAUM, HOWARD M STREET ADDRESS: 1650 DAVIS DRIVE CITY-ST-ZIP: MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE: ED NAME: ADAME, FRED STREET ADDRESS: 5199 WEXFORD DR. CITY-ST-ZIP: VIERA FL, 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AD NAME: JOHNSON, PAMELA H STREET ADDRESS: 226 BIMINI ROAD CITY-ST-ZIP: COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE: AD NAME: MCCANDLESS, ANN W. STREET ADDRESS: 906 MAPLEWOOD CT. CITY-ST-ZIP: MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SCHOONMAKER, SANDY STREET ADDRESS: 25 CROCKETT BLVD #10 CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE: SD NAME: LONGWAY III, J.P. STREET ADDRESS: 2049 SYKES CREEK DR. CITY-ST-ZIP: MERRITT IS, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SMITH, RAYMOND C STREET ADDRESS: 610 MANATEE BAY DR CITY-ST-ZIP: CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Schoonmaker, Richard STREET ADDRESS: 1850 N. COURTEWAY #103-10 CITY-ST-ZIP: MERRITT IS, FL 32953	<input checked="" 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 as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: J.P. LONGWAY III		DATE: 24 FEB 05 321/449-9037	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	