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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 716666 (3)

1. Corporation Name

PENSACOLA POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

5832 W SHORE DR.  
PENSACOLA FL 32526  
US

5832 W SHORE DR.  
PENSACOLA FL 32526-1535  
US



2. Principal Place of Business

21 5832 W SHORE DR.

Suite, Apt. #, etc.

22 City & State  
23 PENSACOLA FL

24 Zip  
32526

25 Country  
US

2a. Mailing Address

26 5832 W SHORE DR.

Suite, Apt. #, etc.

27 City & State  
28 PENSACOLA FL

29 Zip  
32526

30 Country  
US

3. Date Incorporated or Qualified  
06/03/1969

3a. Date of Last Report  
02/09/1996

4. FEI Number

59-6137312

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

EGELAND, CHRISTIAN D.  
8101 TREETOP LANE  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name  
FULLER, BOB G.

82 Street Address (P.O. Box Number is Not Acceptable)  
8504 PUNTA LORA

83 PENSACOLA

84 City  
PENSACOLA

FL

85 Zip Code  
32514

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 *Bob G. Fuller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7 JAN 1997

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WACHTER, BERNARD  
5832 W SHORE DR.  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
EGELAND, CHRISTIAN D.  
8101 TREETOP LANE  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FULLER, BOB G.  
8504 PUNTA LORA  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HUGUS, JOHN E. III  
1203 CREEK BRIDGE ROAD  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
EDWARDS, SAM  
724 LAKEWOOD ROAD  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PD  
FULLER, BOB G.  
8504 PUNTA LORA  
PENSACOLA FL 32514 (ADD)

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VD  
HUGUS, JOHN E. III  
1203 CREEK BRIDGE ROAD  
PENSACOLA FL 32514 (X.O.)

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
SD  
BOPP, DONALD V.  
8238 LIFAIR DRIVE  
PENSACOLA FL 32506 (ADD)

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
VD  
ROBINSON, PETER  
3100 D BALLE HEAD DRIVE  
PENSACOLA FL 32503 (ADD)

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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: *Bernard Wachter*

Signature, typed or printed name of signing officer or director

7 JAN 97 904 944 4037

Daytime Phone # 0073258

CR2E037 (9/96)