

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 012 ****61.25

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DOCUMENT # 716666

1. Corporation Name

PENSACOLA POWER SQUADRON, INC.

Principal Place of Business

10403 GULF BEACH HWY
PENSACOLA FL 32507
US

Mailing Address

2551 TARKILN OAKS DR
PENSACOLA FL 32506
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/03/1969

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

9. Name and Address of Current Registered Agent

HEBB, HARRY W
10403 GULF BEACH HWY
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**
MCLESTER, WILLIAM P
STREET ADDRESS **2551 TARKILN OAKS DR**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ DELETE

NAME **PD**
HEBB, HARRY W
STREET ADDRESS **10403 GULF BEACH HWY**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ DELETE

NAME **VD**
DENNI, WILLIAM C
STREET ADDRESS **13221 LILLIAN HWY**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ DELETE

NAME **DS**
KINK, PETER
STREET ADDRESS **3209 COPPER RIDGE CIRCLE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☒ DELETE

NAME **VD**
ROBINSON, PETER
STREET ADDRESS **P. O. BOX 10748 N/A**
CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD
COLEMAN, RICHARD
3290 MARQUES ST
PENSACOLA FL 32505

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:

William P. McMaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/99 (850) 492-9488
Daytime Phone #

CR2E037 (11/98)