2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 09, 2004 8:00 am Secretary of State

DOCUMENT # 7,16666 1. Entity Name PENSACOLA SAIL AND POWER SQUADRON, INC.				0.	2-09-2004 90059	9 008 ****61.25	
C/O 113 OSAGE TRAIL 21		Mailing Address 210 ANN STREET BREWTON, AL 32426	210 ANN STREET				
			1811 SABRA DR				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		NP CR2EC	037 (10/03)	
City & State		City & State PENSACOLI	City & State			Applied For Not Applicable	
Zip	Country	3 ^{zip} 2514	Country U.5	5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren			7. Name and Addres	s of New Registered	Agent	
SEELY, JO 113 OSAG PENSACO			Street Addres	is (P.O. Box Number is No	Acceptable)	Zip Code	
the obligation of the street o	e named entity submits this statement it tions of registered agent. Signature, typed or printed name of registered ager		registered office or regis		e State of Florida. I am	n (amiliar with, and accept	
Filing Fee is \$61.25 Due by May 1, 2004		l l	9. Election Campaign Financing Trust Fund Contribution.			ck payable to	
10	0 OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, RICHARD 3290 MARAVES STREET PENSACOLA, FL 32905	⊠ Delete	STREET ADDRESS //) EELY, JOHN 3 OSAGE TRL ENSA COLA, I	=L 32506-	☐ Change ■ Addition	
TITLE	PD	- Dalata	TITLE VA			Channe Addition	

SCHIRO, DANIEL PO BOX 369 5440 GRANDE LAGON BLVD STREET ADDRESS STREET ADDRESS PENSACOLA, FL 325079003 CITY-ST-ZIP PENSACOLA, FL 32591-0369 CITY-ST-ZIP TD Delete TITLE ☐ Change Addition TITLE MERRICK, BARBARA 7811 SABRA DR JOHNSON, JERRY M NAME STREET ADDRESS STREET ADDRESS 210 ANN STREET BREWTON, FL 32426 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 325/4-4829 ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZIP CITY-ST-ZIP TITLE ☐ Delete . . ∵ - L Chánge 1 Addition TITLE : 41. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filling 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 wit with all other like empowered.

SIGNATURE:

HOFFMAN, ROSA D

NAME

JOHN J. SEELY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 456-8096