

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90047 048 \*\*\*\*61.25

<b>DOCUMENT # 716666</b> 1. Entity Name <b>PENSACOLA SAIL AND POWER SQUADRON, INC.</b>					
Principal Place of Business <b>C/O 113 OSAGE TRAIL PENSACOLA, FL 32506-3545 US</b>			Mailing Address <b>7811 SABRA DR. PENSACOLA, FL 32514 US</b>		
2. Principal Place of Business <b>C/O 3290 MARQUES ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O 3290 MARQUES ST</b> Suite, Apt. #, etc.			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA FL</b>		4. FEI Number <b>59-6137312</b>	
Zip <b>32505</b>		Country <b>ESCAMBIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEELY, JOHN 113 OSAGE TRAIL PENSACOLA, FL 32506-3546</b>				7. Name and Address of New Registered Agent Name <b>RICHARD COLEMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3290 MARQUES ST</b> City <b>PENSACOLA FL</b> Zip Code <b>32505</b>	
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: <u>Richard Coleman</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME SEELY, JOHN STREET ADDRESS 113 OSAGE TRL CITY-ST-ZIP PENSACOLA, FL 325063545	<input type="checkbox"/> Delete		TITLE PD NAME SYLVEIRA COUSSEMENT STREET ADDRESS PO BOX 397 CITY-ST-ZIP ELBERTA, AL 36602	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SCHIRO, DANIEL STREET ADDRESS P.O. BOX 369 CITY-ST-ZIP PENSACOLA, FL 325910369	<input type="checkbox"/> Delete		TITLE VD NAME MICHAEL BEARDEN STREET ADDRESS 2517 REDOUBT AVE CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MERRICK, BARBARA STREET ADDRESS 74811 SABRA DR. CITY-ST-ZIP PENSACOLA, FL 325144829	<input type="checkbox"/> Delete		TITLE SD NAME BARBARA MERRICK STREET ADDRESS 74811 SABRA DR CITY-ST-ZIP PENSACOLA FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TD NAME RICHARD COLEMAN STREET ADDRESS 3290 MARQUES ST CITY-ST-ZIP PENSACOLA FL 32505	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Richard Coleman</u> <u>Richard Coleman</u> 25 MAR 05 8504325783 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					