

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 029 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                      |                                                                                                                     |                                                                             |                                                                                                                                          |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 716666</b><br>1. Entity Name<br><b>PENSACOLA SAIL AND POWER SQUADRON, INC.</b>                                                                                                                                  |                                                                      |                                                                                                                     |                                                                             |                                                         |                                                                              |
| Principal Place of Business<br><b>C/O 3290 MARQUES ST<br/>PENSACOLA FL 32505<br/>US</b>                                                                                                                                       |                                                                      |                                                                                                                     | Mailing Address<br><b>C/O 3290 MARQUES ST<br/>PENSACOLA FL 32505<br/>US</b> |                                                                                                                                          |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                     |                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                             |                                                                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                  |                                                                      | City & State                                                                                                        |                                                                             | 4. FEI Number<br><b>59-6137312</b>                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                           |                                                                      | Country                                                                                                             |                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                          |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>COLEMAN, RICHARD<br/>3290 MARQUES ST<br/>PENSACOLA FL 32505</b>                                                                                                     |                                                                      |                                                                                                                     |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                       |                                                                      |                                                                                                                     |                                                                             |                                                                                                                                          |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</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<br/>Florida Department of State</b>                                                                             |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PD<br>SEELY, JOHN<br>113 OSAGE TRL<br>PENSACOLA FL 32506-3545        | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PD<br>SYLVIERE COUSSEMENT<br>PO BOX 397<br>ELBERTA AL 36530-0397                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VD<br>SCHIRO, DANIEL<br>P.O. BOX 369<br>PENSACOLA FL 32591-0369      | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | VD<br>GEORGE BURTON<br>28707 SAMSON AVE<br>ORANGE BEACH AL 36561-4051                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TD<br>MERRICK, BARBARA<br>74811 SABRA DR.<br>PENSACOLA FL 32514-4829 | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | VD<br>RON SWOBE<br>7482 CHESTERFIELD RD<br>PENSACOLA FL 32506-5504                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VD<br>BEARDEN, MICHEAL<br>2517 REDOUBT AVE<br>PENSACOLA FL 32507     | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | SD<br>MERRICK, BARBARA<br>74811 SABRA DR<br>PENSACOLA FL 32514       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TD<br>COLEMAN, RICHARD<br>3290 MARQUES ST<br>PENSACOLA FL 32505      | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 119, 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:** Richard Coleman Richard Coleman 21 MAR 06 850-432-5193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #