**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **724801** **(6)**

1. Corporation Name

**DAYTONA BEACH POWER SQUADRON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DK SIGERSON<br>142 E GRANADA BLVD<br>ORMOND BEACH FL 32176 | C/O DK SIGERSON<br>142 E GRANADA BLVD<br>ORMOND BEACH FL 32176 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6152411** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

**DAVID K. SIGERSON, ESQ.**
**142 EAST GRANADA BOULEVARD**
**ORMOND BEACH FL 32175**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | Cdr. JAMES J. DePALMA, P/D | ☐ Change ☐ Addition |
| NAME | SCALLAN, MICHAEL C. | 12 NAME | 20 Raintree Lane | |
| STREET ADDRESS | 518 SUN LAKE DRIVE | 13 STREET ADDRESS | Ormond Beach, FL 32174 | |
| CITY-ST-ZIP | PT. ORANGE FL | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | L/C PETER L. MORENO, VP/D | ☒ Change ☐ Addition |
| NAME | DEPALMA, JAMES L. | 22 NAME | 13 Contee Ct. | |
| STREET ADDRESS | 20 RAINTREE LANE | 23 STREET ADDRESS | Palm Coast, FL 32137 | |
| CITY-ST-ZIP | ORMOND BEACH FL | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | L/C BRIAN H. CRUSAN, VP/D | ☒ Change ☐ Addition |
| NAME | CRUSAN, BRIAN H. | 32 NAME | 1421 Sunland Rd. | |
| STREET ADDRESS | 1421 SUNLAND | 33 STREET ADDRESS | Daytona Beach, FL 32114 | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 34 CITY-ST-ZIP | | |
| TITLE | TD | 41 TITLE | L/C WM. S. SHERIDAN, S/D | ☒ Change ☐ Addition |
| NAME | TEASLEY, TERI | 42 NAME | 317 Navajo Ave. | |
| STREET ADDRESS | 348 SO. ORANGE ST. | 43 STREET ADDRESS | Ormond Beach, FL 32174 | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | L/C JOHN H. SASSENBERG, T/D | ☒ Change ☐ Addition |
| NAME | | 52 NAME | 811 River Oak Dr. West | |
| STREET ADDRESS | | 53 STREET ADDRESS | Ormond Beach, FL 32174 | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 a director or officer 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 13 if changed, or on an attachment with an address.

**SIGNATURE** _____ 4/11/95 **904-677-8741**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0000779