FILE NOW: FILING FEE IS \$61.25

NOMPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724801

(6)

DAYTONA BEACH POWER SQUADRON, INC.

Principal Prace of Business Mailing Address								1 (\$0)tt 30010 traft A1001 30tt 40101 fr		ildii didie Elbii arbii enal	
DHN H. SASSENBERG JOHN H. SASSENBERG											
1 ROVEROAK DRIVE W			811 ROVEROAK DRIVE W								
RMOND BEACH FL 32174			ORMOND BEACH FL 32174-4643 US				3.	Date Incorporated or Qualified	3a. Da	te of Last Report	
8							"	11/14/1972	1/22/1996		
2. Principal P	ace of Business	28	. Mailing Address				4.	FEI Number	<u> </u>	Applied For	
21			26					59-6152411	Not Applicable		
Suite, Apt #, etc.			Suite, Apt. #, etc.							\$8.75 Additional	
22			27				5.	Certificate of Status Desired		Fee Required	
City & State			City & State				6.	Election Campaign Financing		\$5.00 May Be	
23			28					Trust Fund Contribution		Added to Fees	
Zip	Country		Zip	Co	untry	,	В.	This corporation has liability for			
24	25	29		30					Yes [
	9. Name and Address of Curren	t Regi	stered Agent			T 55	10.	Name and Address of New Re	gistered /	\gent	
•					81	Name					
David K. Sigerson, ESQ.						Street	t Address (P.O. Box Number is Not Acceptable)				
142 EAST GRANADA BOULEVARD											
ORMOND	BEACH FL 32175				83						
					84	City				85 Zip Code	
	4				ļ	<u> </u>			FL		
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblige	2 and (of Flor	617,1508, Florida Statu ida. Such change was	tes, the authoriz	above ed by	e-named v the corr	corporation poration's b	in submits this statement for the population of directors. I hereby acce	outpose of of the app	changing its registered pintment as registered	
agent. I a	m familiar with, and accept the obliga	ations o	of, Section 617.0503, F	lorida St	atute	\$.		•	• • • • • • • • • • • • • • • • • • • •	•	
SIGNATURE	•								DATE		
Signature, typed or printed name of registered agent a 12. OFFICERS AND I						eni signature		required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	J DINE	XX DELETE			PD	 	IAN H. CRUSAN		Addition ☐ Addition	
NAME.	PETER L. MORENO				NAME			21 SUNLAND ROA	n		
STREET ADDRESS	13 CONTEE COURT			1		ADDRESS		YTONA BEACH, F		A 32114	
CITY-ST-ZIP	PALM COAST FL				CITY-S		מע	illoun benou, I	DONEL	. 2	
TITLE	VD		XX DELETE		TITLE	VD	мт	CHAEL G. SIMMO	N C	Change XX Addition	
NAME	MORENO, PETER L.				NAME	۷D	4	TIFFANY CIRC	14 0		
STREET ADDRESS	13 CONTEE CT.			2.3	STREET	r address	1			32174	
CITY - ST - ZIP	PALM COAST FL					ST-ZIP	UK	MOND BEACH, FL	OKIDA	321/4	
TITLE	VD		DELETE		TITLE		ъ.	DDSC T DDASC		Change Addition	
NAME	CRUSAN, BRIAN H.			32	NAME	۷D	1	BBY J. BRAY	D		
STREET ADDRESS	1421 SUNLAND RD.			3.3	STREET	T ADDRESS	1	1 ALEATHA DRIV YTONA BEACH, F		A 22114	
CITY-ST-ZIP	DAYTONA BEACH FL			3.4.	CITY-	ST-ZIP	DA	AIIONA DEAGH, F	POKIT	17 77 77	
TITLE	VD		XX DELETE	41	TITLE	***				Change Addition	
NAME.	PHILLIP L. ROCKWOOD			4 2	NAME	VD		LLIAM SCHWARTZ			
STREET ADORESS	50 BASSET LANE			4.3	STREET	ADDRESS		9 LEXINGTON DR			
CITY-ST-71P	PALM COAST FL			4.4	CITY-5	ST-ZIP	DA	YTONA BEACH, F	LOKII		
IIITE	TD		DELETE	5.1	TITLE					Change WW Addition	
NAME	Sassenberg, John H.			5.2	NAME			* 1			
STREET ADDRESS	811 RIVER OAK DR. WEST			5.3	STREET	T ADORESS		1.0			
CITY-ST-7IP	ORMOND FL				CITY-S		<u> </u>				
TITLE	SD		XX DELETE	6.1	TITLE	SD		THY L. CEGLARS		Change XX Midition	
NAME	HERMAN J. KUENG			6.2	NAME		1	90 N Tymber Cre			
STREET ADDRESS	130 OLD CARRIAGE LANE			6.3	STREET	T ADDRESS	OF	RMOND BEACH, FL	ORIDA	32174	

6.4 CITY-ST-ZIP 14. I do 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 the amount report or supplemental annual report is true and accurate any 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 inchapped, or on an appear, with an address.

SIGNATURE:

PONCE INLET FL

April 29, 1997

FILED

May 30 1997 8:00am

Secretary of State