

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **724801** (6)

1. Corporation Name

**DAYTONA BEACH POWER SQUADRON, INC.**



|                                                                                                                                      |                                                                                                                          |
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| Principal Place of Business<br><b>JOHN H. SASSENBERG</b><br><b>811 ROVEROAK DRIVE W</b><br><b>ORMOND BEACH FL 32174</b><br><b>US</b> | Mailing Address<br><b>JOHN H. SASSENBERG</b><br><b>811 ROVEROAK DRIVE W</b><br><b>ORMOND BEACH FL 32174</b><br><b>US</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

|                                                        |                                    |                                                        |
|--------------------------------------------------------|------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/14/1972</b> | 4. FEI Number<br><b>59-6152411</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------------------------------------------------|------------------------------------|--------------------------------------------------------|

|                                                                                                                                   |                                                                                                                        |
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| 2. Principal Place of Business<br><b>21 SANCHEZ AVENUE</b><br>Suite, Apt. #, etc.<br><b>ORMOND BEACH, FLORIDA</b><br><b>32174</b> | 2a. Mailing Address<br><b>21 SANCHEZ AVENUE</b><br>Suite, Apt. #, etc.<br><b>ORMOND BEACH, FLORIDA</b><br><b>32174</b> |
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|                                                                                                                                                              |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                        |                                                                                                         |
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| 9. Name and Address of Current Registered Agent<br><b>DAVID K. SIGERSON, ESQ.</b><br><b>142 EAST GRANADA BOULEVARD</b><br><b>ORMOND BEACH FL 32175</b> | 10. Name and Address of New Registered Agent<br><b>192 Vining Court</b><br><b>Ormond Beach FL 32176</b> |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                       |                                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                               |  |
|--------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| TITLE<br><b>PD</b>                               | <b>GRUSAN, BRIAN H.</b> <input checked="" type="checkbox"/> DELETE    | 1.1 TITLE<br><b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME<br><b>GRUSAN, BRIAN H.</b>                  |                                                                       | 1.2 NAME<br><b>SIMMONS, MICHAEL G.</b>                                                                                              |  |
| STREET ADDRESS<br><b>1421 SUNLAND RD</b>         |                                                                       | 1.3 STREET ADDRESS<br><b>22 TIFFANY CIRCLE</b>                                                                                      |  |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL</b>           |                                                                       | 1.4 CITY-ST-ZIP<br><b>ORMOND BEACH, FLORIDA 32174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br><b>VD</b>                               | <b>SIMMONS, MICHAEL G.</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>VD</b>                                                                                                              |  |
| NAME<br><b>SIMMONS, MICHAEL G.</b>               |                                                                       | 2.2 NAME<br><b>HENRY, ARTHUR, J.</b>                                                                                                |  |
| STREET ADDRESS<br><b>22 TIFFANY CIRCLE</b>       |                                                                       | 2.3 STREET ADDRESS<br><b>5 COTTON CT., PALM COAST, FL 32137</b>                                                                     |  |
| CITY-ST-ZIP<br><b>ORMOND BEACH FL</b>            |                                                                       | 2.4 CITY-ST-ZIP<br><b>5 COTTON CT., PALM COAST, FL 32137</b>                                                                        |  |
| TITLE<br><b>VD</b>                               | <b>GRAY, BOBBY L.</b> <input checked="" type="checkbox"/> DELETE      | 3.1 TITLE<br><b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| NAME<br><b>GRAY, BOBBY L.</b>                    |                                                                       | 3.2 NAME<br><b>KESSLER, RAY A.</b>                                                                                                  |  |
| STREET ADDRESS<br><b>334 KALEATHA DRIVE</b>      |                                                                       | 3.3 STREET ADDRESS<br><b>1629 N. HALIFAX AVENUE</b>                                                                                 |  |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL</b>           |                                                                       | 3.4 CITY-ST-ZIP<br><b>DAYTONA BEACH, FLORIDA 32118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br><b>VD</b>                               | <b>SCHWARTZ, WILLIAM</b> <input type="checkbox"/> DELETE              | 4.1 TITLE<br><b>32114</b>                                                                                                           |  |
| NAME<br><b>SCHWARTZ, WILLIAM</b>                 |                                                                       | 4.2 NAME                                                                                                                            |  |
| STREET ADDRESS<br><b>239 LEXINGTON DRIVE</b>     |                                                                       | 4.3 STREET ADDRESS                                                                                                                  |  |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL</b>           |                                                                       | 4.4 CITY-ST-ZIP                                                                                                                     |  |
| TITLE<br><b>TD</b>                               | <b>SASSENBERG, JOHN H.</b> <input type="checkbox"/> DELETE            | 5.1 TITLE<br><b>211 SANCHEZ AVENUE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME<br><b>SASSENBERG, JOHN H.</b>               |                                                                       | 5.2 NAME                                                                                                                            |  |
| STREET ADDRESS<br><b>811 ROVEROAK DRIVE WEST</b> |                                                                       | 5.3 STREET ADDRESS                                                                                                                  |  |
| CITY-ST-ZIP<br><b>ORMOND FL</b>                  |                                                                       | 5.4 CITY-ST-ZIP<br><b>ORMOND BEACH, FLORIDA 32174</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br><b>SD</b>                               | <b>CEGLARSKI, KATHY L.</b> <input type="checkbox"/> DELETE            | 6.1 TITLE<br><b>32174</b>                                                                                                           |  |
| NAME<br><b>CEGLARSKI, KATHY L.</b>               |                                                                       | 6.2 NAME                                                                                                                            |  |
| STREET ADDRESS<br><b>390 N TYMBER CREEK RD</b>   |                                                                       | 6.3 STREET ADDRESS                                                                                                                  |  |
| CITY-ST-ZIP<br><b>ORMOND BEACH FL</b>            |                                                                       | 6.4 CITY-ST-ZIP                                                                                                                     |  |

14. 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 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 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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 5-13-98 (904) 673-7765

CP2E037 (10/97)