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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724801

1. Corporation Name

DAYTONA BEACH POWER SQUADRON, INC.

295759 - 90001 - 3

Principal Place of Business	Mailing Address
211 SANCHEZ AVE ORMOND BEACH FL 32174 US	211 SANCHEZ AVE ORMOND BEACH FL 32174 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 61 WOODHOLLOW LANE Suite, Apt. #, etc.	26 61 WOODHOLLOW LANE Suite, Apt. #, etc.	11/14/1972
22	27	4. FEI Number 59-6152411 ☐ Applied For ☐ Not Applicable
23 PALM COAST, FL. 32164 City & State	28 PALM COAST FL 32164 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 32164 Zip 25 VOLUSIA Country	29 32164 Zip 30 VOLUSIA Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVID K. SIGERSON, ESQ. ~~142 EAST GRANADA BOULEVARD~~ ~~ORMOND BEACH FL 32175~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 192 VINING COURT 83 84 City ORMOND BEACH, FL 85 Zip Code 32176

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 _____ 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	P	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SIMMONS, MICHAEL G		1.2 NAME	SCHWARTZ, WILLIAM E.	
STREET ADDRESS	22 TIFFANY CIR		1.3 STREET ADDRESS	239 LEXINGTON DRIVE, DAYTONA BEACH	
CITY-ST-ZIP	ORMOND BCH FL 32174		1.4 CITY-ST-ZIP	FLORIDA 32114	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HENRY, ARTHUR J		2.2 NAME	SINCLAIR, ELDA D.	
STREET ADDRESS	5 COTTON CT		2.3 STREET ADDRESS	123 OLD CARRIAGE ROAD, PONCE INLET	
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP	FL 32127	
TITLE	VD	☒ DELETE	3.1 TITLE	VD--BALDWIN, DONALD A.	☒ Change ☐ Addition
NAME	KESSLER, RAY A		3.2 NAME	3340 BROOKSIDE TERRACE	
STREET ADDRESS	1629 N HALIFAX AVE		3.3 STREET ADDRESS	DELTONA, FLORIDA 32738	
CITY-ST-ZIP	DAYTONA BCH FL 32118		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD--YATES, JOHN	☒ Change ☐ Addition
NAME	SCHWARTZ, WILLIAM		4.2 NAME	496 PALM AVENUE	
STREET ADDRESS	239 LEXINGTON DRIVE		4.3 STREET ADDRESS	ORMOND BEACH, FLORIDA 32174	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD--MERRITT WILLIAM	☒ Change ☐ Addition
NAME	SASSENBERG, JOHN H.		5.2 NAME	61 WOODHOLLOW LANE	
STREET ADDRESS	211 SANCHEZ AVE		5.3 STREET ADDRESS	PALM COAST, FLORIDA 32164	
CITY-ST-ZIP	ORMOND BCH FL 32174		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	SD--YATES, MYRA A.	☒ Change ☐ Addition
NAME	CEGLARSKI, KATHY L		6.2 NAME	496 PALM AVENUE	
STREET ADDRESS	390 N TYMBER CREEK RD		6.3 STREET ADDRESS	ORMOND BEACH, FLORIDA 32174	
CITY-ST-ZIP	ORMOND BEACH FL		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 an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED WILLIAM MERRITT 3-12-99 904 446-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)