FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729820** **(1)**

1. Corporation Name

SEMINOLE POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
% BETTYE SHIRLEY P.O. BOX 520882 LONGWOOD FL 32752-0882	% BETTYE SHIRLEY P.O. BOX 520882 LONGWOOD FL 32752-0882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7335588 ☐ 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 % DAVID R. JENNINGS	26 % DAVID R. JENNINGS
Suite, Apt. #, etc. 22 2881 GULF WINDS CT	Suite, Apt. #, etc. 27 2881 GULF WINDS CT
City & State 23 OVIEDO, FL	City & State 28 OVIEDO, FL
Zip / Country 24 32765 / 25 USA	Zip / Country 29 32765 / 30 USA

9. Name and Address of Current Registered Agent

BETTYE SHIRLEY
235 LONGWOOD HILLS ROAD
P.O. BOX 520882
LONGWOOD FL 32752-7882

10. Name and Address of New Registered Agent

81 Name: DAVID R. JENNINGS
82 Street Address (P.O. Box Number is Not Acceptable): 2881 GULF WINDS CT
83
84 City: OVIEDO FL 85 Zip Code: 32765

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: [signature] DAVID R JENNINGS, TREASURER April 12, 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	YOUNG, CLARENCE H	12 NAME		
STREET ADDRESS	577 LAKESHORE CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P	☒ Change ☐ Addition
NAME	SNIDER, WILLIAM H	22 NAME	SNIDER, WILLIAM H	
STREET ADDRESS	165 DOVE CT	23 STREET ADDRESS	165 DOVE CT	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	31 TITLE	T/D	☒ Change ☐ Addition
NAME	ROCHE, ARTHUR F	32 NAME	JENNINGS, DAVID R	
STREET ADDRESS	403 BLUE LAKE DR	33 STREET ADDRESS	2881 GULF WINDS CT	
CITY ST ZIP	LONGWOOD FL	34 CITY-ST-ZIP	OVIEDO FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KILLINGER, ALLAN P	42 NAME		
STREET ADDRESS	206 HOFFMAN CT	43 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LYNCH, TIMOTHY E	52 NAME		
STREET ADDRESS	111 GROVE HOLLOW CT	53 STREET ADDRESS		
CITY ST ZIP	SANFORD F	54 CITY ST ZIP		
TITLE	T BE	61 TITLE	P	☒ Change ☐ Addition
NAME	SHIRLEY, BETTYE	62 NAME	SHIRLEY, BETTYE	
STREET ADDRESS	2235 LONGWOOD HILLS RD	63 STREET ADDRESS	2235 LONGWOOD HILLS RD	
CITY ST ZIP	LONGWOOD FL	64 CITY ST ZIP	LONG WOOD FL	

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)(k), 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: [signature] DAVID R JENNINGS 4-12-95 407-366-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER/DIRECTOR

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