

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

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

DOCUMENT # **731984** (1)

1. Corporation Name

CLEARWATER POWER SQUADRON, INC.

Principal Place of Business

**1000 CLEVELAND ST.
CLEARWATER FL 34615-4514**

Mailing Address

**1000 CLEVELAND ST.
CLEARWATER FL 34615-4514**

3. Date Incorporated or Qualified

02/26/1975

4. FEI Number

59-6130985

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOCHNER, DONALD E CDR
1000 CLEVELAND ST
CLEARWATER FL 33755-4514**

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 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

Donald E Lochner
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/11/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **LOCHNER, DONALD E**
STREET ADDRESS **14514 MARK DR**
CITY - ST - ZIP **LARGO FL 02**

TITLE **D** ☐ DELETE
NAME **PACHECO, JOHN E**
STREET ADDRESS **12647 116TH ST**
CITY - ST - ZIP **LARGO FL 34648**

TITLE **TD** ☐ DELETE
NAME **WALD, DAVID A**
STREET ADDRESS **2272 CITRUS HILL LN**
CITY - ST - ZIP **PALM HARBOR FL 05**

TITLE **SD** ☐ DELETE
NAME **ELLERS, THOMAS E**
STREET ADDRESS **1819 JUANITA CT**
CITY - ST - ZIP **CLEARWATER FL 19**

TITLE **D** ☐ DELETE
NAME **NASTA, MILDRED J**
STREET ADDRESS **1920 SANDRA DR**
CITY - ST - ZIP **CLEARWATER FL 72**

TITLE **TD** ☐ DELETE
NAME **VOGELSONG, JAY**
STREET ADDRESS **789 20TH STREET SW**
CITY - ST - ZIP **LARGO FL 34640**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

D
TERRENCE W. LITTLEFIELD
2900 GULF TO BAY #152
CLEARWATER FL 33779

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:

Donald E Lochner

4 March 98 813 542-3040

CR2E037 (10/97)