


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90017 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 731984</b>					
1. Corporation Name <b>CLEARWATER POWER SQUADRON, INC.</b>					
Principal Place of Business 1000 CLEVELAND ST. CLEARWATER FL 34615-4514			Mailing Address 1000 CLEVELAND ST. CLEARWATER FL 34615-4514		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/26/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6130985	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOCHNER, DONALD E CDR 1000 CLEVELAND ST CLEARWATER FL 33755-4514				81 Name <b>Mildred J Nasta</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1000 Cleveland St</b> 83 84 City <b>Clearwater</b> FL 85 Zip Code <b>33755-4514</b>			

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							
Signature, typed or printed name of registered agent and title if applicable.															
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>CD LOCHNER, DONALD E</b> STREET ADDRESS <b>14514 MARK DR</b> CITY-ST-ZIP <b>LARGO FL 02</b>								1.1 TITLE <b>D John N Burns</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>1920 Sandra Dr</b> 1.4 CITY-ST-ZIP <b>Clearwater Fl 33764</b>							
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D PACHECO, JOHN E</b> STREET ADDRESS <b>12647 116TH ST</b> CITY-ST-ZIP <b>LARGO FL 34648</b>								2.1 TITLE <b>D. Gary R. Pensley</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>103 17th St</b> 2.4 CITY-ST-ZIP <b>Belleair Beach FL 33766</b>							
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD WALD, DAVID A</b> STREET ADDRESS <b>2272 CITRUS HILL LN</b> CITY-ST-ZIP <b>PALM HARBOR FL 05</b>								3.1 TITLE <b>TD Lochner, Carol</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>14514 Mark Dr</b> 3.4 CITY-ST-ZIP <b>Largo Fl</b>							
TITLE <input type="checkbox"/> DELETE NAME <b>SD ELLERS, THOMAS E</b> STREET ADDRESS <b>1819 JUANITA CT</b> CITY-ST-ZIP <b>CLEARWATER FL 19</b>								4.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Ellers, Thomas E.</b> 4.3 STREET ADDRESS <b>227 Howard Dr.</b> 4.4 CITY-ST-ZIP <b>Belleair Beach, FL 33786-3533</b>							
TITLE <input type="checkbox"/> DELETE NAME <b>D NASTA, MILDRED J</b> STREET ADDRESS <b>1920 SANDRA DR</b> CITY-ST-ZIP <b>CLEARWATER FL 72</b>								5.1 TITLE <b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <b>NASTA, MILDRED J</b> 5.3 STREET ADDRESS <b>1920 SANDRA DR</b> 5.4 CITY-ST-ZIP <b>CLEARWATER FL 33764</b>							
TITLE <input type="checkbox"/> DELETE NAME <b>D LITTLEFIELD, TERENCE W</b> STREET ADDRESS <b>2900 GULF TO BAY #152</b> CITY-ST-ZIP <b>CLEARWATER FL 33779</b>								6.1 TITLE <b>TERENCE LITTLEFIELD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS <b>2900 GULF-TO-BAY BLVD</b> 6.4 CITY-ST-ZIP <b>CLEARWATER FL 33759</b>							

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, with all other like empowered.

SIGNATURE: *Mildred J Nasta* 1-7-99 327-449-0789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)