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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 740752

1. Corporation Name
THE ST. PETERSBURG SAIL AND POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
440 13TH AVE NORTH A ST. PETERSBURG FL 33701 US	440 13TH AVE NORTH A ST. PETERSBURG FL 33701 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/10/1977

4. FEI Number
59-6149158
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PEARSON, FREDERICK
8600 15TH STREET, N.
ST PETERSBURG FL 33702

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 _____ 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	~~AD~~	☐ DELETE	1.1 TITLE	EXECUTIVE Officer	☒ Change ☐ Addition
NAME	EIBACH, WILLIAM		1.2 NAME	Eibach, William	
STREET ADDRESS	6807A 16TH STREET NE		1.3 STREET ADDRESS	Add. Same as lasTyr.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	2.1 TITLE	COMMANDER	☒ Change ☐ Addition
NAME	BECKMAN, KENNETH		2.2 NAME	Beckman, Kenneth	
STREET ADDRESS	4569 40TH ST. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE	~~AD~~ EXECUTIVE	☒ Change ☐ Addition
NAME	LYTLE, GARY		3.2 NAME	Krupa, Thomas	
STREET ADDRESS	9 ISLAND DR.		3.3 STREET ADDRESS	8950 Park Blvd #305	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		3.4 CITY-ST-ZIP	Seminole FL 33777-4122	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WISSING, JOYCE		4.2 NAME		
STREET ADDRESS	440 13TH AVE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		4.4 CITY-ST-ZIP		
TITLE	EDD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUGET, ROLAND		5.2 NAME		
STREET ADDRESS	835 SAN CARLOS AVE NORTHEAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	REESE, CAROLYN		6.2 NAME	Arnold, HarrieT	
STREET ADDRESS	544 PINELLAS BAYWAY 205		6.3 STREET ADDRESS	1120 North Shore Dr. NE U-903	
CITY-ST-ZIP	TIERRA VERDE FL 33715		6.4 CITY-ST-ZIP	St. Petersburg FL 33701-1425	

CR2E037 (11/98)

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: Joyce A. Wissing REQUIRED — 2-17-99 — 727 821-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #