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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **742645** (5)
1. Corporation Name
PONCE DELEON INLET POWER SQUADRON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
106 VIA CAPRI LOT 21 EDGEWATER FL 32169 US	106 VIA CAPRI LOT 21 NEW SMYRNA BEACH FL 32169 US

3. Date Incorporated or Qualified 05/03/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1695087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**THAMER, LOUIS I.
106 VIA CAPRI
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BIEGLER, KATHRYN C.
STREET ADDRESS	21 LAKE FAIRGREEN CR
CITY-ST-ZIP	NEW SMYRNA BCH. FL
TITLE	SD
NAME	THAMER, TERESA S.
STREET ADDRESS	106 VIA CAPRI
CITY-ST-ZIP	NEW SMYRNA BCH. FL
TITLE	PD
NAME	THAMER, LOUIS I.
STREET ADDRESS	106 VIA CAPRI
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	VD
NAME	WASSERMAN, RICHARD J
STREET ADDRESS	801 MAPLE STREET
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	TD
NAME	SHEPHERD, FRANCIS L
STREET ADDRESS	520 S PENINSULA, APT. #1D4
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	VD
NAME	RICHARDS, THOMAS
STREET ADDRESS	6336 RIVER RD
CITY-ST-ZIP	NEW SMYRNA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WASSERMAN, RICHARD J.	
1.3 STREET ADDRESS	801 MAPLE ST.	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	WALTERS, RUDOLPH A.	
2.3 STREET ADDRESS	153 HIBISCUS RD.	
2.4 CITY-ST-ZIP	EDGEWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	
3.2 NAME	BARONE, JAMES F.	
3.3 STREET ADDRESS	803 MAPLE ST.	
3.4 CITY-ST-ZIP	NEW SMYRNA BCH. FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VD	
4.2 NAME	REICHERT, PAUL E.	
4.3 STREET ADDRESS	891 SNOOK AVE.	
4.4 CITY-ST-ZIP	NEW SMYRNA BCH., FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHNSON, ROBERT D.	
5.3 STREET ADDRESS	353 HEARTHSTONE TERR.	
5.4 CITY-ST-ZIP	PORT ORANGE, FL.	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HORNBERGER, ELLIS D.	
6.3 STREET ADDRESS	11 LAUGHING GULL LN.	
6.4 CITY-ST-ZIP	EDGEWATER, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for automatic approval under Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Wasserman RICHARD J. WASSERMAN 4/6/95 904 428-9551