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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 742645

1. Corporation Name

PONCE DELEON INLET POWER SQUADRON, INC.

Principal Place of Business

11 LAUGHING GULL LANE  
EDGEWATER FL 32141  
US

Mailing Address

11 LAUGHING GULL LANE  
EDGEWATER FL 32141  
US



2. Principal Place of Business

21 109 OAKWOOD AVE

2a. Mailing Address

26 109 OAKWOOD AVE

3. Date Incorporated or Qualified

05/03/1978

4. FEI Number

59-1695087

Applied For

Not Applicable

City & State

23 NEW SMYRNA BEACH FL

City & State

28 NEW SMYRNA BEACH FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32169-2707 25 USA

Zip Country

29 32169-2707 30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HORNBERGER, ELLIS D  
11 LAUGHING GULL LANE  
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name ENSLEN, DONALD A.

82 Street Address (P.O. Box Number is Not Acceptable)  
109 OAKWOOD AVE

83

84 City NEW SMYRNA BEACH FL 85 Zip Code 32169

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 THOMAS G HOWINGTON

Signature, typed or printed name of registered agent and title if applicable.

Thomas G. Howington

3/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARONE, JAMES F  
STREET ADDRESS 803 MAPLE ST  
CITY-ST-ZIP NEW SMYRNA BCH. FL 32169

TITLE VD  
NAME HOWINGTON, THOMAS G  
STREET ADDRESS 520 S. PENINSULA AVE. #C6  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE PD  
NAME BARONE, JAMES F  
STREET ADDRESS 803 MAPLE ST  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE VD  
NAME REICHERT, PAUL E  
STREET ADDRESS 891 SNOOK AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SD  
NAME JOHNSON, ROBERT E  
STREET ADDRESS 353 HEARTHSTONE TERR  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TD  
NAME HORNBERGER, ELLIS D  
STREET ADDRESS 11 LAUGHING GULL LANE  
CITY-ST-ZIP EDGEWATER FL 32141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME HOWINGTON THOMAS G.  
1.3 STREET ADDRESS 5205 PENINSULA AVE #C6  
1.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

2.1 TITLE VD  
2.2 NAME JENNINGS BRUCE T.  
2.3 STREET ADDRESS 144 AZALEA RD  
2.4 CITY-ST-ZIP EDGEWATER FL 32141-7202

3.1 TITLE PD  
3.2 NAME HOWINGTON THOMAS G.  
3.3 STREET ADDRESS 5205 PENINSULA AVE #C6  
3.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

4.1 TITLE VD  
4.2 NAME BARONE, JAMES F  
4.3 STREET ADDRESS 803 MAPLE ST  
4.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

6.1 TITLE TD  
6.2 NAME ENSLEN DONALD A  
6.3 STREET ADDRESS 109 OAKWOOD AVE  
6.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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: DONALD A ENSLEN

3/1/99

914 427-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/198)