

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90016 032 ****61.25

DOCUMENT # 742645

1. Entity Name

PONCE DELEON INLET POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

109 OAKWOOD AVE
 NEW SMYRNA BEACH FL 32194-2707
 US

109 OAKWOOD AVE
 NEW SMYRNA BEACH FL 32169-2707
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1695087

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENSLER, DONALD A
109 OAKWOOD AVE
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWINGTON, THOMAS G	
STREET ADDRESS	5205 PENINSULA AVE #C6	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, BRUCE T	
STREET ADDRESS	144 AZALEA RD	
CITY-ST-ZIP	EDGEWATER FL 32141-7202	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWINGTON, THOMAS G	
STREET ADDRESS	5205 PENINSULA AVE #C6	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REICHERT, PAUL E	
STREET ADDRESS	891 SNOOK AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROBERT E	
STREET ADDRESS	353 HEARTHSTONE TERR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARONE, JAMES F	
STREET ADDRESS	803 MAPLE ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	JENNINGS, BRUCE T	
STREET ADDRESS	144 AZALEA RD	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	WILLWERTH, LAWRENCE	
STREET ADDRESS	160 FLAMINGO RD	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	LITTLEFIELD, FRANCIS	
STREET ADDRESS	112 VENETIAN WAY	
CITY-ST-ZIP	DAYTONA BEACH, FL 32127	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	REICHERT, ELAINE	
STREET ADDRESS	891 SNOOK AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PILGRIM, ERNIE	
STREET ADDRESS	4 CAMINO REAL CT.	
CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	ENSLER, DONALD	
STREET ADDRESS	109 OAKWOOD AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald A Ensler* 2/4/00 984 427-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #