Applied For Not Applicable

\$8.75 Additional Fee Required

02-15-2001 90003 013 ****96.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742645

PONCE DELEON INLET POWER SQUADRON, INC.

Principal Place of Business	
109 SAKWOOD AVE NEW SIMRINA BEACH FL 32194-2707	7

Mailing Address

109 CARNOOD AVE NEW SMYDNA BEACH FL 32194-2707

2.	Principal	Place	of B	usiness

FLAMINGO RD

3. Mailing Address 160 FLAMINGO RD



DO NOT WRITE IN THIS SPACE

				i			
City & State FDG	EWATER FL VA BEACH FL	City & State E D C	BEWATER FL	4. FEI Number	59-1695087		
Zip 32141-7266	Country U S	32141-7206	Country U S	5. Certificate of S	Status Desired		\$8.7 Fee F
	and Address of Current			7. Name and Ad	dress of New Re	gistere	ed Agent
			Name LAW	IRENCE J.	WILL	しおき	RT H
ENSLEN, DONALD A			Street Address	(P.O. Box Number is	Not Acceptable		
109 OAKWOOD AVE NEW SMYRNA BEAC							

EDGE WATER 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.

(NOTE: Registered Agent signature required when reinstating)

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**

	FEE 13 \$01.23			710000 10 1 000	Departmen	t or orace	ì
10.	OFFICERS AND DIRE	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND D	IRECTORS II		
TITLE NAME STREET ADDRESS	PD JENNINGS, BRUCE 144 AZALEA RD	Delete	TITLE NAME STREET ADDRESS	COR ELAINE RI		Change	Addition
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	891 SNOOK	PNA BEACH	FL	32/69 Addition
TITLE NAME STREET AODRESS CITYST-ZIP	100 1 25 11/11/100 112	□ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERINE PIL 4 CAMIC	GRIM	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITTLEFIELD, FRANCIS 112 VENETIAN WAY DAYTONA BEACH FL 32127	IL Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWRENCE 160 FLAM	WILLWERT	☐-Change H	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REICHERT, ELAINE 891 SNOOK AVE NEW SMYRNA BEACH FL 32169	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDICOR ROBERT JO 353 HEART		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILGRIM, ERNIE 4 CAMIO REAL CT EDGEWATER FL 32132	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/LT/CDR	ALOISE LE PALM DR	4 -Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENSLEN, DONALD 109 OAKWOOD AVE NEW SMYRNA BEACH FL 32169	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/L+/ CDR ELLIS . H. CR	NBERGER NG GULL LN	□ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/8/01

Daytime Phone #