2003 NOT-FOR-PROFIT CORPORATION

"UNIFORM BUSINESS REPORT (UBR) FILFD DOCUMENT # 742645 1. Entity Name 03 FEB 10 AM 10: 36 PONCE DELEON INLET POWER SQUADRON, INC. SECRETARY OF STATE PONCE de LEON INLET SAIL AND POWER SQUADRON TALLAHASSEE, FLORIDA Mailing Address 2021 WATERFORD EST DR 2021 WATERFORD EST. DR NEW SMYRNA BCH FL 32168 NEW SMYRNA BCH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1695087 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, LINDA C Street Address (P.O. Box Number is Not Acceptable) 2021 WATERFORD EST. DR NEW SMYRNA BCH FL 32168 City 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. I am familiar with, and accept the obligations of registered agent. **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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE 🔀 Change ☐ Addition ALOISE, MICHAEL J ELLIS HORNBERGER NAME NAME STREET ADDRESS 2810 NEEDLE PALM DR STREET ADDRESS 11 LAUGHING GULL LN CITY-ST-ZIP EDGEWATER FL 32141 CITY-ST-ZIP EDGEWATER FL 32141 TITLE Delete TITLE ☐ Addition NAME HORNBERGER, ELLIS D NAME LINOS C. ALLEN STREET ADDRESS 11 LAUGHING GULL LANE 2021 WATERFORD ESTATES DR. STREET ADDRESS CITY-ST-ZIP NEW SMYRNB BEACH FE 32168 **EDGEWATER FL 32141** CITY-ST-ZIP DV TITLE ☐ Delete TITLE Change JOHNSON, ROBERT D NAME NÄME 400012778504 353 HEARTHSTONE TER STREET ADDRESS STREET ADDRESS 02/19/03--01008--005 **51.25 CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ELAINE REICHERT NAME TAYLOR, KENNETH C NAME STREET ADDRESS 11 A COUNTRY CLUB DR STREET ADDRESS 891 SNOOK AVE. CITY-ST-ZIP NEW SMYRNA BCH FL 32168 CITY-ST-ZIP NOW SMYRNA Beach FL 32168 TITLE Delete TITLE Change ☐ Addition PILGRIM, ERNIE W NAME SANDY BUSHNELL NAME STREET ADDRESS 4 CAMINO REAL CT STREET ADDRESS KIVERSIDE De CITY-ST-7IP **EDGEWATER FL 32141** CITY-ST-ZIP EDGEWATER FZ 32132 TITLE 🛣 Delete TITLE 🔽 Change ☐ Addition TON WHITE LANG NAME ALLEN, LINDA C NAME 2021 WATERFORD EST. DR STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NEW SMYRNA BCH FL 32168

CITY-ST-ZIP

EDGEWATER,