FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:07

DOCUMENT # **N93000001839 (0)**

1. Corporation Name
GULF BREEZE POWER SQUADRON, INC.

Principal Place of Business
1090 PARK LANE
GULF BREEZE FL 32561

Mailing Address
1090 PARK LANE
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3125505 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27
City & State — 23 / City & State — 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
KOTICK, ROBERT E SR.
1090 PARK LANE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KIMMEL, ARTHUR L	1.2 NAME		
STREET ADDRESS	3465 SHANNON PL	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, DALE E	2.2 NAME		
STREET ADDRESS	3121 OXFORD CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	DERBY, WILLIAM M JR.	3.2 NAME	SMITH, WALTER	
STREET ADDRESS	1129 PARK LANE	3.3 STREET ADDRESS	3430 ARIZONA DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	ROANTREE, JOAN F	4.2 NAME	GRIFAN, JOHN C	
STREET ADDRESS	4740 HURON DR	4.3 STREET ADDRESS	3911 WEST MADURA	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ERNEST, ROBERTA D	5.2 NAME		
STREET ADDRESS	201 PENSACOLA BEACH RD, B-2	5.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MARSCH, EDWARD G JR.	6.2 NAME	NURNBERGER, STANLEY L.	
STREET ADDRESS	3515 SILVERTREE LANE	6.3 STREET ADDRESS	214 PINE TREE DR	
CITY-ST-ZIP	PENSACOLA FL 32504	6.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley L. Nurnberger — 03/21/95 — 904/444-6076
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0072004