

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3125505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOTICK, ROBERT E SR.
1090 PARK LANE
GULF BREEZE FL 32561**

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 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

Robert E. Kotick Jr.

(NOTE: Registered Agent: signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **KIMMEL, ARTHUR L**
STREET ADDRESS **3465 SHANNON PL**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **BUSH, DALE E**
STREET ADDRESS **3121 OXFORD CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE

NAME **SMITH, WLATER**
STREET ADDRESS **3430 ARIZONA DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **GRIFFIN, JOHN C**
STREET ADDRESS **3911 WEST MADURA**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☒ DELETE

NAME **ERNEST, ROBERTA D**
STREET ADDRESS **201 PENSACOLA BEACH RD, B-2**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☒ DELETE

NAME **NURNBERGER, STANLEY L**
STREET ADDRESS **214 PINE TREE DR**
CITY-ST-ZIP **GULF BREEZE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **Margaret Sprinkle**
1.2 STREET ADDRESS **1692 College Parkway**
1.3 CITY-ST-ZIP **Gulf Breeze, FL 32561**

2.1 TITLE ☐ Change ☒ Addition

NAME **Arthur Laehr**
2.2 STREET ADDRESS **8641 Meadow Brook Drive**
2.3 CITY-ST-ZIP **Pensacola, FL 32514**

3.1 TITLE ☐ Change ☒ Addition

NAME **Joan Roantree**
3.2 STREET ADDRESS **4740 Huron Drive**
3.3 CITY-ST-ZIP **Pensacola, FL 32507**

4.1 TITLE ☐ Change ☐ Addition

NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME **000001839300**
5.2 STREET ADDRESS **-05/24/96--01103--028**
5.3 CITY-ST-ZIP *****61.25**

6.1 TITLE ☐ Change ☐ Addition

NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Sprinkle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (904) 432-2122
Date Daytime Phone #

CR2E037 (12/95)