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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001839

1. Corporation Name

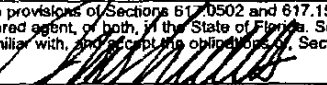
GULF BREEZE POWER SQUADRON, INC.

Principal Place of Business

1090 PARK LANE
GULF BREEZE FL 32561

Mailing Address

1090 PARK LANE
GULF BREEZE FL 32561

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5774 DUNBAR		26 5774 DUNBAR		04/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3125505	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 MILTON FL		28 MILTON FL		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 32683 USA		29 32683 USA		30 USA	
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 WALTER J SMITH	
				82 Street Address (P.O. Box Number is Not Acceptable) 5774 DUNBAR CIR	
				83	
				84 City MILTON FL 85 Zip Code 32683	
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, of 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 				DATE 1-13-99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KIMMEL, ARTHUR L	1.2 NAME	THEIS, Stephen
STREET ADDRESS	3465 SHANNON PL	1.3 STREET ADDRESS	1045 EDGEWATER LANE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561-9311
TITLE	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BUSH, DALE E	2.2 NAME	DON GARRING
STREET ADDRESS	3121 OXFORD CIRCLE	2.3 STREET ADDRESS	3111 BRITAIN PLACE
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	PENSACOLA, FL 32504-4947
TITLE	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, WALTER	3.2 NAME	Cmdr SMITH WALTER
STREET ADDRESS	3430 ARIZONA DR	3.3 STREET ADDRESS	102 E. GARDEN ST.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	GRIFFIN, JOHN C	4.2 NAME	TERRI TONGCO
STREET ADDRESS	3911 WEST MADURA	4.3 STREET ADDRESS	5411 SOUNDSIDE DR
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	GULF BREEZE, FL 32561-9534
TITLE	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	LAHR, ARTHUR E	5.2 NAME	SECRETARY JACK GREEN
STREET ADDRESS	8641 MEADOWBROOK DR	5.3 STREET ADDRESS	125 E. FAULA ST.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	GULF BREEZE, FL 32561-4109
TITLE	☒ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	MEIER, TERRY J	6.2 NAME	JOHN GRIFFIN
STREET ADDRESS	1157 SEABREEZE LN	6.3 STREET ADDRESS	3911 W. MADURA
CITY-ST-ZIP	GULF BREEZE FL 32561	6.4 CITY-ST-ZIP	GULF BREEZE, FL 32561

14. 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 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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-99

Daytime Phone #

850-482-0706

CR2E037 (11/98)