

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90168 029 ****61.25

DOCUMENT # 711061

1. Corporation Name

BANANA RIVER POWER SQUADRON, INC.

Principal Place of Business
102 BAY DR NORTH
INDIAN HARBOUR BCH FL 32937

Mailing Address
102 BAY DR NORTH
INDIAN HARBOUR BCH FL 32937



2. Principal Place of Business

21 **27 Dale Ave**

Suite, Apt. #, etc.

2a. Mailing Address

26 **27 Dale Ave**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/21/1966

4. FEI Number

59-6132611

Applied For

Not Applicable

City & State

23 **Melbourne FL**

Zip Country

24 **32935** 25 **USA**

City & State

28 **Melbourne FL**

Zip Country

29 **32935** 30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GEORGE, JOHN B.
27 E. DALE AVE
MELBOURNE FL 32935

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **KAISER, FRNAK H. J**
STREET ADDRESS **605 SHERIDAN WOODS DR**
CITY-ST-ZIP **MELBOURNE FL 32904**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **FONTES, GEORGE R**
STREET ADDRESS **54 RIVER FALLS DR**
CITY-ST-ZIP **COCOA BCH FL 32931**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **ODONNELL, LYNNE E**
STREET ADDRESS **245 ORANGE ST**
CITY-ST-ZIP **SATELLITE BCH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **GEORGE, JOHN B**
STREET ADDRESS **27 E. DALE AVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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]** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-99

Date

407-259-4106

Daytime Phone #

CR2E037 (11/98)