

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 020 ****61.25

DOCUMENT # N98000007389							
1. Entity Name HARRIS CHAIN POWER SQUADRON, INC.							
Principal Place of Business 1103 SALDIVAR ROAD THE VILLAGES, FL 32159			Mailing Address 1097 PALM HARBOR DR LEESBURG, FL 34748				
2. Principal Place of Business 28229 S. County Rd 33		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Leesburg, FL		City & State		4. FEI Number 59-3549272			
Zip 34748		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURRAY, JOSEPH 1103 SALDIVAR ROAD THE VILLAGES, FL 32159			7. Name and Address of New Registered Agent Name: <u>BINDER, BETTY</u> Street Address (P.O. Box Number is Not Acceptable) <u>28229 S. County Rd 33</u> City: <u>LEESBURG, FL</u> FL Zip Code: <u>34748</u>				
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: <u>[Signature]</u> FEB. 4, 2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE D	NAME MURRAY, JOSEPH H		☒ Delete	TITLE D	NAME BINDER, BETTY		☐ Change ☐ Addition
STREET ADDRESS 1103 SALDIVAR RD	CITY-ST-ZIP LADY LAKE, FL 32159			STREET ADDRESS 28229 S. County Rd 33	CITY-ST-ZIP LEESBURG, FL 34748		
TITLE D	NAME BEAM, R. JAMES		☐ Delete	TITLE D	NAME MYERS, LEROY W		☐ Change ☒ Addition
STREET ADDRESS 418-1 E. TENTH AVE	CITY-ST-ZIP MOUNT DORA, FL 32757			STREET ADDRESS 1241 OAK FOREST	CITY-ST-ZIP LEESBURG, FL 32162		
TITLE D	NAME RZEWUSKI, JOSEPH T		☐ Delete	TITLE D	NAME HEPTING, DAVID		☐ Change ☐ Addition
STREET ADDRESS 407 DLEMAR DRIVE	CITY-ST-ZIP THE VILLAGES, FL 32159			STREET ADDRESS 929 ROYAL OAK BLVD	CITY-ST-ZIP LEESBURG, FL 34748		
TITLE D	NAME BINDER, BETTY		☒ Delete				
STREET ADDRESS 28229 S COUNTRY RD 33	CITY-ST-ZIP LEESBURG, FL 34748						
TITLE TD	NAME BODEN, WALTRAUD		☐ Delete				
STREET ADDRESS 1097 PALM HARBOR DR	CITY-ST-ZIP LEESBURG, FL 34748						
TITLE SD	NAME MURRAY, SHARON		☒ Delete				
STREET ADDRESS 1103 SALDIVAR RD	CITY-ST-ZIP LADY LAKE, FL 32159						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.06(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.							
SIGNATURE: <u>[Signature]</u>				Date: <u>FEBRUARY 4, 2004</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			