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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 700582

1. Corporation Name
ORLANDO POWER SQUADRON INC

570171 - 90004 - 25

Principal Place of Business	Mailing Address
1002 ALDANE COURT OCOEE FL 34761 US	P.O BOX 8 OCOEE FL 34761-0008 US

2. Principal Place of Business 21 1015 DELPHINIUM DR. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL. Zip 24 32825 Country 25 USA	2a. Mailing Address 26 602 SEQUOIA CIRCLE Suite, Apt. #, etc. 27 City & State 28 ST. CLOUD, FL. Zip 29 34769 Country 30 USA	3. Date Incorporated or Qualifed 03/07/1960 4. FEI Number 59-6209880 ☐ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
MCGRAW, JOY H 1002 ALDANE CT OCOEE FL 34761	81 Name PAUL LYTLE 82 Street Address (P.O. Box Number is Not Acceptable) 1015 DELPHINIUM DR 83 84 City ORLANDO FL 85 Zip Code 32825

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 Paul Lytle CDR. PAUL LYTLE, CDR 6-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HENDRICKSON, CAROLYN		1.2 NAME		
STREET ADDRESS	3210 LITTLE JOE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	LYTLE, PAUL		2.2 NAME	JOSH VANDERLEY	
STREET ADDRESS	1015 DELPHINIUM DR		2.3 STREET ADDRESS	2706 HARGILL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHRADER, TOM E		3.2 NAME	ROBERT TIPPLE	
STREET ADDRESS	5232 LAKE MARGARET DRIVE, #704		3.3 STREET ADDRESS	3749 FOX HOLLOW DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812		3.4 CITY-ST-ZIP	ORLANDO, FL. 32829	
TITLE	DC	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCGRAW, JOY H		4. 2 NAME	JOHN ~~TOMPT~~ KRAFT	
STREET ADDRESS	P O BOX 8/1002 ALDANE CT		4.3 STREET ADDRESS	349 HICKORY COURT	
CITY-ST-ZIP	OCOEE FL 34761-0008		4.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	HERRINGTON, BILL		5.2 NAME	JOSEPH E. SOKOLOVIC	
STREET ADDRESS	4569 N. LAKE ORLANDO PARKWAY		5.3 STREET ADDRESS	602 SEQUOIA CIRCLE	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: LT/C ~~JOSEPH E. SOKOLOVIC, TREASURER~~ 4/25/99 (407)356-7262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LT/C JOSEPH E. SOKOLOVIC, TREASURER