**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00** 2-22-95 P-492-XC

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # 707827 (2)

1. Corporation Name

CRYSTAL RIVER POWER SQUADRON, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 3941 N. CALUSA POINT<br>CRYSTAL RIVER FL 34428 | 14910 W ROOSTER CROWS<br>INGLIS FL 34449<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1964
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-6149621 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 845 N.E. 3RD AVE | 26 PO BOX 871 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: CRYSTAL RIVER FL | 28 City & State: CRYSTAL RIVER FL |
| 24 Zip: 34429 25 Country: USA | 29 Zip: 34423 30 Country: USA |

9. Name and Address of Current Registered Agent

VANPOUCKER, RICHARD E
4401 N SUNCOAST BLVD.
#62
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name: HOWARD, BARBARA
82 Street Address (P.O. Box Number is Not Acceptable): 4L BYRSONIMA CIRCLE
83
84 City: HOMOSASSA FL 85 Zip Code: 34446

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: BARBARA HOWARD, SECRETARY — Barbara J. Howard — 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 1.1 TITLE | SD ☑ Change ☐ Addition |
| NAME | VANPOUCKER, RICHARD E | 1.2 NAME | HOWARD, BARBARA |
| STREET ADDRESS | 4401 N SUNCOAST BLVD. #62 | 1.3 STREET ADDRESS | 4L BYRSONIMA CIRCLE |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 1.4 CITY-ST-ZIP | HOMOSASSA FL 34446 |
| TITLE | TD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATTHEWS, ANTHONY P | 2.2 NAME | |
| STREET ADDRESS | PO BOX 579 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | YANKEETOWN FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TITUS, GILBERT H | 3.2 NAME | |
| STREET ADDRESS | PO BOX 871 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 3.4 CITY-ST-ZIP | |
| TITLE | CD | 4.1 TITLE | CD ☑ Change ☐ Addition |
| NAME | TAYLOR, CHARLES W | 4.2 NAME | COOPER, JAMES JR |
| STREET ADDRESS | 14910 W ROOSTER CROWS RD | 4.3 STREET ADDRESS | PO BOX 871 N/A |
| CITY-ST-ZIP | INGLIS FL | 4.4 CITY-ST-ZIP | CRYSTAL RIVER FL 34423 |
| TITLE | D | 5.1 TITLE | D ☑ Change ☐ Addition |
| NAME | COOPER, JAMES JR. | 5.2 NAME | HOWARD, E. MORRIS |
| STREET ADDRESS | PO BOX 871 N/A | 5.3 STREET ADDRESS | 4L BYRSONIMA CIRCLE |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 5.4 CITY-ST-ZIP | HOMOSASSA FL 34446 |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | KRZMINSKI, LEO F | 6.2 NAME | |
| STREET ADDRESS | 1419 S CHATSWORTH PT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LECANTO FL | 6.4 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)(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.

SIGNATURE: ANTHONY P. MATTHEWS, TREASURER — Anthony P. Matthews — 2/8/95 — 904-447-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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