

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **707827** (2)
1. Corporation Name
CRYSTAL RIVER POWER SQUADRON, INCORPORATED



Principal Place of Business
**845 NE 3RD AVENUE
CRYSTAL RIVER FL 34429
US**

Mailing Address
**P O BOX 871
CRYSTAL RIVER FL 34423
US**

3. Date Incorporated or Qualified **09/16/1964** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 845 NE 3RD AVE	59-6149621	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28 CRYSTAL RIVER FL		
Zip	Country		
24	25	29 34429	30 US

9. Name and Address of Current Registered Agent

**HOWARD, BARBARA
46 BYRSONIMA CIRCLE
#62
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, BARBARA	1.2 NAME	
STREET ADDRESS	46 BYRSONIMA CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ANTHONY P	2.2 NAME	
STREET ADDRESS	PO BOX 579	2.3 STREET ADDRESS	
CITY - ST - ZIP	YANKEETOWN FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES JR	4.2 NAME	
STREET ADDRESS	P O BOX 871 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, E. MORRIS	5.2 NAME	
STREET ADDRESS	46 BYRSONIMA CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRZMINSKI, LEO F	6.2 NAME	TAYLOR, CHARLES W.
STREET ADDRESS	1419 S CHATSWORTH PT	6.3 STREET ADDRESS	14910 W. ROOSTER CROWS RD
CITY - ST - ZIP	LECANTO FL	6.4 CITY - ST - ZIP	INGLIS, FL 34449

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)(k), 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* **ANTHONY P. MATTHEWS** 2/14/96 352-447-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)