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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 845 NE 3RD AVENUE CRYSTAL ROVER FL 34429-4411 US
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3. Date Incorporated or Qualified 09/16/1964	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-6149621	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, BARBARA
46 BYRONNIMA CIRCLE
#82
HOMOSASSA FL 34446**

81 Name BARBARA V. HOWARD
82 Street Address (P.O. Box Number is Not Acceptable) 10 NORFOLK LN W
83 City HOMOSASSA, FL
84 City FL
85 Zip Code 34446

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE BARBARA V. HOWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, BARBARA		1.2 NAME	
STREET ADDRESS 46 BYRONNIMA CIRCLE		1.3 STREET ADDRESS 10 NORFOLK LN W	
CITY-ST-ZIP HOMOSASSA FL		1.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MATTHEWS, ANTHONY P		2.2 NAME SLEICHTER, BILL M	
STREET ADDRESS PO BOX 579		2.3 STREET ADDRESS 1202 SE 5TH AVE	
CITY-ST-ZIP YANKEETOWN FL		2.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITUS, GILBERT H		3.2 NAME GILBERT H. TITUS	
STREET ADDRESS PO BOX 871 N/A		3.3 STREET ADDRESS PO BOX 732	
CITY-ST-ZIP CRYSTAL RIVER FL		3.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34423	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D ADMIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COOPER, JAMES JR		4.2 NAME GRANA, JOSEPH A	
STREET ADDRESS P O BOX 871 N/A		4.3 STREET ADDRESS 1150 W BAYSHORE DR	
CITY-ST-ZIP CRYSTAL RIVER FL		4.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE PD E. MORRIS HOWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, E. MORRIS		5.2 NAME	
STREET ADDRESS 46 BYRONNIMA CIRCLE		5.3 STREET ADDRESS 10 NORFOLK LN W	
CITY-ST-ZIP HOMOSASSA FL 34446		5.4 CITY-ST-ZIP HOMOSASSA, FL 34446	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE SEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, CHARLES W.		6.2 NAME CHARLES W. TAYLOR	
STREET ADDRESS 14910 W. ROOSTER CROWS ROAD		6.3 STREET ADDRESS 10910 SE 201 ST	
CITY-ST-ZIP INGLIS FL		6.4 CITY-ST-ZIP INGLIS, FL 34449	

14. I do 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 I am an officer or director with an address.

CR2E037 (9/96)