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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 707827

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/16/1964

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

9. Name and Address of Current Registered Agent

HOWARD, BARBARA Y
10 NORFOLK LANE W
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name

Edwin J. Siroky

82 Street Address (P.O. Box Number is Not Acceptable)

3 Bonnie Court North

Homosassa, Fl. 34446-4929

84 City

Homosassa, Fl.

FL

85 Zip Code

34429-4929

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

Edwin J. Siroky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HOWARD, BARBARA
STREET ADDRESS 10 NORFOLK LN W
CITY-ST-ZIP HOMOSASSA FL

TITLE TD ☐ DELETE
NAME HAVENS, JOHN D
STREET ADDRESS 6110 W CHERRY LN
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D ☐ DELETE
NAME SIROKY, EDWIN J
STREET ADDRESS 3 BONNIE CT N
CITY-ST-ZIP HOMMASASSA FL 34446

TITLE D ☒ DELETE
NAME DAVIS, ARTHUR R
STREET ADDRESS 2235 W HUNTINGTON DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D ☒ DELETE
NAME KERRIGAN, SHIRLEY G
STREET ADDRESS 14 PITCAIRN CT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE SEO ☐ DELETE
NAME KRZEMINSKI, LEO F
STREET ADDRESS 1419 CHATWORTH PT
CITY-ST-ZIP LECANTO FL 34461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Foster, William T.
1.3 STREET ADDRESS 2725 N. Virginia Rd.
1.4 CITY-ST-ZIP Crystal River, FL. 34428

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Barker, Emily M
4.3 STREET ADDRESS 9530 W. Cedar St.
4.4 CITY-ST-ZIP Crystal River, FL. 34428

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Foster, Carol D.
5.3 STREET ADDRESS 2725 N. Virginia Rd.
5.4 CITY-ST-ZIP Crystal River, FL. 34428

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Edwin J. Siroky

SIGNATURE REQUIRED

Edwin J. Siroky

2-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)