

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


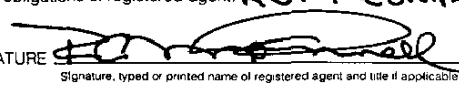
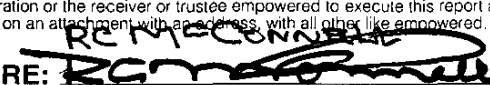
FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 029 ****61.25

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07112005 Chg-NP CR2E037 (10/03)

DOCUMENT # 707827					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6149621	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JORDAN, J. DUGGAN JR 8 ZINNIAS COURT HOMOSASSA, FL 34446				Name RICHARD C MCCONNELL Street Address (P.O. Box Number is Not Acceptable) 249 N. GOLF HARBOR PATH City INVERNESS FL Zip Code 34450	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. RC MCCONNELL					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE 7-11-05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITZGERALD, DICK 2951 W. BEAMWOOD DR BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARD C MCCONNELL 249 N. GOLF HARBOR PATH INVERNESS, FL 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, CAROL D 2725 N. VIRGINIA ROAD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIGAR, GENE C III PO BOX 447 INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, J. DUGGAN JR 8 ZINNIAS COURT HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	34 LINDER DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNOR, JENNIE 7 NORFOLK LANE WEST HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM K SPAHR JR. 12 THUNBERGIA CT HOMOSASSA FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIDDLETON, JR., GEORGE R 3970 N. SEMINOLE POINT CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACK A FLYNN 199 N CRYSTAL MEADOW PATH BECANTO, FL 34461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		7-11-05		352-3414093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	