
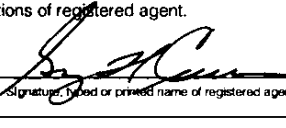



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 048 ****61.25

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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MC CONNELL, RICHARD C. 249 N. GOLF HARBOR PATH INVERNESS, FL 34450				Name George H. Craven Street Address (P.O. Box Number is Not Acceptable) 13 PRIMULA DRIVE City HOMOSASSA FL Zip Code 34446	
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.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable. George H. Craven (NOTE: Registered Agent signature required when reinstating)		DATE 8/12/06	
Filing Fee is \$61.25 Due by September 6, 2006		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 MC CONNELL, RICHARD C. 249 N. GOLF HARBOR PATH INVERNESS, FL 34450 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George H. Craven 13 PRIMULA DR HOMOSASSA, FL 34446 <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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY J BREUGNOT 8164 SW 205 Circle Dunnellon, FL 34431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIGAR, GENE C III PO BOX 447 INGLIS, FL 34449 <input checked="" 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 34 LINDER DRIVE HOMOSASSA, FL 34446 <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 SPAHR, JR, WILLIAM K. 12 THUNBERGIA COURT HOMOSASSA, FL 34446 <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 FLYNN, JACK A. 199 N. CRYSTAL MEADOW PATH LECANTO, FL 34461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			George H. Craven SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 8/12/06 Daytime Phone # 352-344-5907		

40101553



08072006 Chg-NP CR2E037 (4/06)

4. FEI Number **59-6149621** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required