2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707827

FILED Feb 18, 2009 Secretary of State

Entity Name: CRYSTAL RIVER POWER SQUADRON, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 845 NE 3RD AVENUE CRYSTAL RIVER, FL 34429 US **Current Mailing Address: New Mailing Address:** 845 NE 3RD AVENUE 845 NE 3RD AVENUE CRYSTAL ROVER, FL 34429 US CRYSTAL RIVER, FL 34429 US FEI Number: 59-6149621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAVEN, GEORGE H BREVOORT, SUSAN K 8769 S.W. 205TH CIRCLE 13 PRIMÚLA DR. HOMOSASSA, FL 34446 US DUNNELLON, FL 34431 US 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. SIGNATURE: SUSAN K. BREVOORT 02/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BREVOORT, HARRY J KELLY, JAMES Name: Name: 8769 SW 205 CIRCLE Address: 6112 W. FAIRDALE CT. Address: City-St-Zip: DUNNELLON, FL 34431 US City-St-Zip: CRYSTAL RIVER, FL 34429 US Title: () Delete Title: (X) Change () Addition KELLY, JAMES Name: SCHROEDEL, ALBERT F Name: Address: 6112 W FAIRDRIVE CT. Address: 1643 NORTH DIMAGGIO PATH City-St-Zip: CRYSTAL RIVER, FL 34429 US City-St-Zip: HERNANDO, FL 34442 US Title: () Delete Title: () Change () Addition LENTON, THOMAS A Name: Name: Address: 12 GAZANIA CT Address: City-St-Zip: HOMOSASSA, FL 34446 US City-St-Zip: (X) Change () Addition Title: () Delete Title: FOSTER, CAROL D Name: Name: HEPNER, JOANNE Address: 2725 N VIRGINIA RD Address: 123 POINCETTIA TERRACE City-St-Zip: CRYSTAL RIVER, FL 34428 US City-St-Zip: CRYSTAL RIVER, FL 34429 US Title: () Delete Title: () Change (X) Addition WARD, PETER H Name: Name: 139 EAST JOSHUA CT Address: Address: HERNANDO, FL 34442 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN K. BREVOORT O 02/18/2009