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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708701 (8)

1. Corporation Name

TALLAHASSEE POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

ROUTE 14 BOX 347X
TALLAHASSEE FL 32304
USROUTE 14 BOX 347X
TALLAHASSEE FL 32304-9125
US3. Date Incorporated or Qualified
03/25/19653a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 2032 WILDRIDGE DRIVE

26 2032 WILDRIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TALLAHASSEE FL

28 TALLAHASSEE FL

Zip

Country

24 32303

25 US

29 32303

30 US

4. FEI Number

59-6149383

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELTON, CALVIN
1125 CARRIN DRIVE
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME DAWES, S G
STREET ADDRESS RT. 14 BOX 347X
CITY-ST-ZIP TALLAHASSEE FL1.1 TITLE P ☐ Change ☒ Addition1.2 NAME TTERLIKKIS, DONNA
1.3 STREET ADDRESS 2032 WILDRIDGE DRIVE
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303TITLE D ☒ DELETENAME ELLIS, WILLIAM H.
STREET ADDRESS 2335 MEATH DRIVE
CITY-ST-ZIP TALLAHASSEE FL2.1 TITLE D ☐ Change ☒ Addition2.2 NAME FORD, JAMES SR.
2.3 STREET ADDRESS 2029 N. MORIDIAN ROAD
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32303TITLE DT ☒ DELETENAME IRVIN, C. ALAN
STREET ADDRESS P.O. BOX 20042 N/A
CITY-ST-ZIP TALLAHASSEE FL3.1 TITLE DT ☐ Change ☒ Addition3.2 NAME HARRELL, J.P.
3.3 STREET ADDRESS 5135 GUM ROAD
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32304TITLE PD ☒ DELETENAME REEDER, DONALD E JR
STREET ADDRESS 2005 DYREHAVEN DR
CITY-ST-ZIP TALLAHASSEE FL4.1 TITLE PD ☐ Change ☒ Addition4.2 NAME DAWES, SUE
4.3 STREET ADDRESS RT. 14, BOX 347X
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32304TITLE D ☐ DELETENAME BELTON, CALVIN W.
STREET ADDRESS 1125 CARRIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETENAME SMITH, RANDALL W.
STREET ADDRESS 1020 E. LAFAYETTE ST, 208
CITY-ST-ZIP TALLAHASSEE FL6.1 TITLE D ☐ Change ☒ Addition6.2 NAME REEDER, NANCY
6.3 STREET ADDRESS 2005 DYREHAVEN DRIVE
6.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

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 changed, or on an attachment with an address.

SIGNATURE:

25 Feb 1997

CR2E037 (9/96)