


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90240 025 ****61.25

0008414

| | | | | | |
|---|--|--|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 708701 | | | | | |
| 1. Corporation Name TALLAHASSEE SAIL AND POWER SQUADRON, INC. | | | | | |
| Principal Place of Business 2005 DYREHAVEN DR TALLAHASSEE FL 32311 US | | | Mailing Address 2005 DYREHAVEN DR TALLAHASSEE FL 32311 US | | |
| 2. Principal Place of Business 21 2029 N. MERIDIAN RD Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 2029 N. MERIDIAN RD. Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 03/25/1965 | |
| 23 TALLAHASSEE FL City & State 24 32303 25 USA Zip Country | | 28 TALLAHASSEE FL City & State 29 32303 30 USA Zip Country | | 4. FEI Number 59-6149383 Applied For Not Applicable | |
| 9. Name and Address of Current Registered Agent BELTON, CALVIN 1125 CARRIN DRIVE TALLAHASSEE FL 32301 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. Name and Address of New Registered Agent | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DESILETS, JOHN CITY-ST-ZIP 4309 KIMMER ROWE DR TALLAHASSEE FL 32308 | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS FORD, JAMES SR CITY-ST-ZIP 2029 N MERIDIAN RD TALLAHASSEE FL | | | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS P 2.4 CITY-ST-ZIP FORD, JAMES SR. 2029 N. MERIDIAN RD. TALLAHASSEE FL 32303 | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME DT STREET ADDRESS HARRELL, JP CITY-ST-ZIP 5135 GUM RD TALLAHASSEE FL | | | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS DESILETS, LINDA 3.4 CITY-ST-ZIP 4309 KIMMER ROWE DR. TALLAHASSEE FL 32308 | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS TTERLIKKIS, DONNA CITY-ST-ZIP 2032 WILDRIDGE DR TALLAHASSEE FL | | | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS D 4.4 CITY-ST-ZIP ANDREWS, JOSEPH JR. P.O. BOX 1301 PERRY FL 32348 | | |
| TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS BELTON, CALVIN W. CITY-ST-ZIP 1125 CARRIN DRIVE TALLAHASSEE FL | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS REEDER, NANCY CITY-ST-ZIP 2005 DYREHAVEN DR TALLAHASSEE FL | | | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS D 6.4 CITY-ST-ZIP REEDER, NANCY 2005 DYREHAVEN DR. TALLAHASSEE FL 32311 | | |

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: Nancy M. Reeder **REQUIRED** 2/2/99 (850) 487-9294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)