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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708979** (0)

1. Corporation Name

**CAPE CORAL POWER SQUADRON, INC.**

Principal Place of Business

Mailing Address

**917 S E 47TH TERRACE  
CAPE CORAL FL 33904**

**917 S E 47TH TERRACE  
CAPE CORAL FL 33904**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/19/1965**

4. FEI Number

**59-6166198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**BOOK, ERIC G.  
4210 SE 19TH AVENUE  
SITE 1G  
CAPE CORAL FL 33904**

81 Name

**J RICHARD PETERSEN**

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

**5012 SW 5 PLACE**

83

**CAPE CORAL FL**

84 City

**FL**

85 Zip Code  
**33914**

10. Name and Address of New Registered Agent

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

*J.R. Petersen* **J.R. PETERSEN**

**3/16/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEIL JAMES F</b>	
STREET ADDRESS	<b>2300 SW 39TH TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOOK, ERIC G</b>	
STREET ADDRESS	<b>4210 SE 19TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTT KARIN ERIL</b>	
STREET ADDRESS	<b>3610 SE 2ND AVE</b>	
CITY-ST-ZIP	<b>CAP CORAL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MATLACK JAMES R</b>	
STREET ADDRESS	<b>629 SW 22ND ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANCE PATRICIA A</b>	
STREET ADDRESS	<b>1217 SW 54TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEKE GEORGE F</b>	
STREET ADDRESS	<b>841 MONTICELLO CT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>J. RICHARD PETERSEN</b>	
1.3 STREET ADDRESS	<b>5012 SW 5 PLACE</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MAUREEN J. JEFFERSON</b>	
2.3 STREET ADDRESS	<b>4917 SW 9 PLACE</b>	
2.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WILLIAM J. JEFFERSON</b>	
3.3 STREET ADDRESS	<b>4917 SW 9 PLACE</b>	
3.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *J.R. Petersen* **J.R. PETERSEN** **3/16/98** **941-542**  
**9488**

CR2E037 (10/97)