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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708979

1. Corporation Name

CAPE CORAL POWER SQUADRON, INC.

Principal Place of Business

917 S E 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address

917 S E 47TH TERRACE
CAPE CORAL FL 33904



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

**J RICHARD PETERSEN
5012 SW 5TH PL
CAPE CORAL FL 33914**

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:

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 TP
NAME J RICHARD PETERSEN
STREET ADDRESS 5012 SW 5TH PL
CITY-STATE-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE SD
NAME MAUREEN S JEFFERSON
STREET ADDRESS 4917 SW 9TH PL
CITY-STATE-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE D
NAME WILLIAM JEFFERSON
STREET ADDRESS 4917 SW 9TH PL
CITY-STATE-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE D
NAME MATLACK JAMES R
STREET ADDRESS 629 SW 22ND ST
CITY-STATE-ZIP CAPE CORAL FL ☐ DELETE

TITLE D
NAME DANCE PATRICIA A
STREET ADDRESS 1217 SW 54TH ST
CITY-STATE-ZIP CAPE CORAL FL ☐ DELETE

TITLE C
NAME KENNEKE GEORGE F
STREET ADDRESS 841 MONTICELLO CT
CITY-STATE-ZIP CAPE CORAL FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE C ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE D
6.2 NAME THEODORE POLLART
6.3 STREET ADDRESS 2213 SE 32ND TERRACE
6.4 CITY-STATE-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition

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:

J. Richard Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

941-542-9488

Daytime Phone #

CR2E037 (11/98)