

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90116 008 ****61.25

DOCUMENT # 708979

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6166198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEDOVICH, MONICA
917 SE 47TH TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

HAZEL POWELL

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

917 SE 47TH TERR

City

CAPE CORAL

FL

Zip Code

33904

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Hazel Powell

HAZEL POWELL

8/5/03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, RICHARD	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODWARD, MICHAEL	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEDOVICH, MONICA	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOUSER, EDWARD	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MARK	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	DEDOVICH, JOAN	
STREET ADDRESS	917 SE 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD WILLIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL WOODWARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZEL POWELL	
STREET ADDRESS	917 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ADMINISTRATIVE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE SOLTYSIAK	
STREET ADDRESS	917 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN SCHNEIDER	
STREET ADDRESS	917 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	EDUCATION OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS DANLE	
STREET ADDRESS	917 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAZEL POWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03
Date

Daytime Phone #

CR2E037 (4/03)