2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # 709770 1. Entity Name FORT MYERS POWER SQUADRON, INC.				04-08-2005 90030 021 ****61.25	
3145 ROYALSTON AVE P. 0. BO P. 0. BOX 632 P. 0. BOX FORT MYERS, FL 33902 US FORT MY		Mailing Address P. O. BOX 632 P.O. BOX 632 FORT MYERS, FL 33902	-0632 US		
2. Principal Place of Business		3. Mailing Address P. O. Box 632			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022005 Chg-NP CR2E037 (10/03)	
City & State		Fort Myers, FL		4. FEI Number Applied For 59-6159623 Not Applicable	
Zip	Country	33902-0632	Country U.S	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
FOSTER, SANDRA A 9442 PALM ISLAND CIR.			Name Street Ac	Clark, Patricia M. idress (P.O. Box Number is Not Acceptable)	
N. FIMYE	ERS, FL 33903		7	er Anal Wall	
			City N. Fort Myers FL Zip Code 903		
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 — Gatricie M. Clark Patricia M. Clark 04-04-05 Signative, typed or privated name of registered agent and size of applicable. (NOTE: Registered Agent signature required when resistance) DATE					
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R			
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	legistered Agent signatural		
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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: Barbara W. Hartz 04-04-05 139-652-0721
SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTION DELECTION DELECTIO