

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90030 021 ****61.25

DOCUMENT # 709770 1. Entity Name FORT MYERS POWER SQUADRON, INC.			
Principal Place of Business 3145 ROYALSTON AVE P.O. BOX 632 FORT MYERS, FL 33902 US		Mailing Address P. O. BOX 632 P.O. BOX 632 FORT MYERS, FL 33902-0632 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 632 Suite, Apt. #, etc.	
City & State		City & State Fort Myers, FL	
Zip 33902-0632	Country US	4. FEI Number 59-6159623	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOSTER, SANDRA A 9442 PALM ISLAND CIR. N. FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name Clark, Patricia M. Street Address (P.O. Box Number is Not Acceptable) 355 Anchor Way City N. Fort Myers FL Zip Code 33903	
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 Patricia M. Clark Patricia M. Clark 04-04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP C JUNKER, LEE 513 BROADWAY LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP C Hartz, Barbara W. 4312 S. Canal Circle N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DAO JOHNSON, HERBERT A 792 ADAM DR NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DEO Gurr, Sheila M. 4608 W. Coral Circle N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DED ROGERS, KING 811 ADAM DR NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DED Morgan, David J. 5551 Adam Drive N. Fort Myers, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOO GURR, SHEILA M 4608 W CORRI CIR NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DAO Burt, Thomas L. 7811 Sandy Joan Blvd Ste 100 Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ALLEN, DOROTHY 4324 S PACIFIC CIR FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T FOSTER, SANDRA A 9442 PALM ISLAND CIR. FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Clark, Patricia M. 355 Anchor Way N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Barbara W. Hartz 04-04-05 239-652-0721 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			