


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90152 045 ****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 FORT MYERS, FL 33902-0632 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40061000



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6159623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, PATRICIA M 355 ANCHOR WAY N. FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name Hartz, Barbara W. Street Address (P.O. Box Number is Not Acceptable) 4312 S. Canal Cr City N. Fort Myers FL Zip Code 33903	
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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 Barbara W. Hartz	Barbara W. Hartz	DATE 03-06-06

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARTZ, BARBARA W 4312 S CANAL CIRCLE NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gurr, Sheila M 4608 W. Coral Cr. N Ft Myers, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO GURR, SHEILA M 4608 W CORAL CIRCLE NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO 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	DED MORGAN, DAVID J 5551 ADAM DRIVE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO Schmidt, Ted 2008 SE 26th Terr Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAO BURT, THOMAS L 7811 SANDY JOAN BLVD, STE 100 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Louis, Robert W. 2017 13th St. W Lehigh Acres, FL 33971 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hartz, Barbara W. 4312 S. Canal Cr. N. Fort Myers FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, PATRICIA M 355 ANCHOR WAY FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	DATE 3/6/06 DAYTIME PHONE # 239-1652-0721