

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:11

DOCUMENT # 711592 (6)
1. Corporation Name
OCALA POWER SQUADRON, INC.

Principal Place of Business Mailing Address
E HIGHWAY 40 SILVER SPR PO BOX 2113 OCALA FL 32678

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/06/1966
3a. Date of Last Report 02/18/1994
4. FEI Number 59-1832265
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 PO Box 2113 26 PO Box 2113
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State Ocala FL 28 City & State Ocala FL
24 Zip 34478-2113 25 Country USA 29 Zip 34478-2113 30 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VAZQUEZ, GEORGE E
506 SOUTH MAGNOLIA AVE.
OCALA FL 34474

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *George E. Vazquez* P. DATE 1-17-95

12. OFFICERS AND DIRECTORS

TITLE	CDR
NAME	VAZQUEZ, GEORGE E
STREET ADDRESS	506 S. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA FL 34474
TITLE	LTCD
NAME	HESTER, EUGENE
STREET ADDRESS	4563 N.E. 6TH ST.
CITY-ST-ZIP	OCALA FL 34471
TITLE	LTCD
NAME	CARMICHAEL, MICHAEL
STREET ADDRESS	1815 SW 55TH RD
CITY-ST-ZIP	OCALA FL
TITLE	LTCD
NAME	LUM, RONALD S
STREET ADDRESS	5117 NE 22ND AVE
CITY-ST-ZIP	OCALA FL
TITLE	LTCD
NAME	WHITE, WALTER H
STREET ADDRESS	4740 NE 188 AVE RD
CITY-ST-ZIP	SILVER SPRINGS FL 32688
TITLE	PCD
NAME	YOUNG, DONALD A
STREET ADDRESS	808 S.E. 30TH AVE.
CITY-ST-ZIP	OCALA FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	LTCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carmichael, Michael
3.3 STREET ADDRESS	1815 SW 55th Rd.
3.4 CITY-ST-ZIP	Ocala FL 34474
4.1 TITLE	LTCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lum, Ronald S.
4.3 STREET ADDRESS	5117 NE 22nd Avenue
4.4 CITY-ST-ZIP	Ocala FL 34479
5.1 TITLE	LTCD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lochmann, Nancy
5.3 STREET ADDRESS	6686 Cherry Rd
5.4 CITY-ST-ZIP	Ocala FL 34472-8657
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(f), 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.

SIGNATURE: *George E. Vazquez* P. DATE 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #