

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business: P. O. BOX 2113, Ocala FL 34478-2113, US  
Mailing Address: P. O. BOX 2113, Ocala FL 34478-2113, US

3. Date Incorporated or Qualified: 10/06/1966  
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1832265 Applied For: Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
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: CARMICHAEL, MICHAEL J., 1815 S.W. 55th ROAD, Ocala FL 34474

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0603, Florida Statutes.  
SIGNATURE: [Signature] DATE: 6-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CDR NAME: VAZQUEZ, GEORGE E STREET ADDRESS: 506 S. MAGNOLIA AVE. CITY-ST-ZIP: Ocala FL 34474	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: CDR 1.2 NAME: CARMICHAEL, MICHAEL J. 1.3 STREET ADDRESS: 1815 S.W. 55th RD 1.4 CITY-ST-ZIP: Ocala, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: LTCD NAME: HESTER, EUGENE STREET ADDRESS: 4563 N.E. 6TH ST. CITY-ST-ZIP: Ocala FL 34471	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: LTCD 2.2 NAME: LOCHMANN, NANCY 2.3 STREET ADDRESS: 6686 CHERRY RD. 2.4 CITY-ST-ZIP: Ocala, FL 34472-8657	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: LTCD NAME: CARMICHAEL, MICHAEL STREET ADDRESS: 1815 S. W. 55TH RD. CITY-ST-ZIP: Ocala FL 34474	<input type="checkbox"/> DELETE	3.1 TITLE: LTCD 3.2 NAME: CROOKE, ANNE 3.3 STREET ADDRESS: 323 S.E. 37 AVE. 3.4 CITY-ST-ZIP: Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: LTCD NAME: LUM, RONALD S STREET ADDRESS: 5117 N. E. 22ND AVE CITY-ST-ZIP: Ocala FL 34479	<input type="checkbox"/> DELETE	4.1 TITLE: LT/C 4.2 NAME: BRANNON, JAMES W. 4.3 STREET ADDRESS: BELLEVIEW, FL 34420 4.4 CITY-ST-ZIP: BELLEVIEW, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: LTCD NAME: LOCHMANN, NANCY STREET ADDRESS: 6686 CHERRY ROAD CITY-ST-ZIP: Ocala FL 34472-8657	<input type="checkbox"/> DELETE	5.1 TITLE: [ ] Change <input type="checkbox"/> Addition 5.2 NAME: [ ] 5.3 STREET ADDRESS: [ ] 5.4 CITY-ST-ZIP: [ ]	
TITLE: PCD NAME: YOUNG, DONALD A STREET ADDRESS: 608 S.E. 30TH AVE. CITY-ST-ZIP: Ocala FL 34471	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: 800001872438 6.2 NAME: -06/24/96--01019--006 6.3 STREET ADDRESS: ***61.25 6.4 CITY-ST-ZIP: [ ] Change <input type="checkbox"/> Addition	

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 119.07(3)(k), 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: [Signature] DATE: 4/25/96 (352) 687-4733

CR2E037 (12/95)