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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/06/1966	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1832265 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARMICHAEL, MICHAEL J
1815 S.W. 55TH ROAD
OCALA FL 34474**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDR	1.1 TITLE	
NAME	CARMICHAEL, MICHAEL J	1.2 NAME	
STREET ADDRESS	1815 SW 55TH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE	LTCD	2.1 TITLE	
NAME	UCHMANN, NANCY	2.2 NAME	LTCD GREENHALGH, JAMES H.
STREET ADDRESS	6686 CHERRY RD	2.3 STREET ADDRESS	4200 S.W. 22 ST.
CITY-ST-ZIP	OCALA FL 34472-8657	2.4 CITY-ST-ZIP	OCALA, FLA 34474-1816
TITLE	LTCD	3.1 TITLE	
NAME	CARMICHAEL, MICHAEL	3.2 NAME	
STREET ADDRESS	1815 S. W. 55TH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	
TITLE	LTCD	4.1 TITLE	
NAME	LUM, RONALD S	4.2 NAME	LTCD FIELDS, WALTER C.
STREET ADDRESS	5117 N. E. 22ND AVE	4.3 STREET ADDRESS	3355 N.W. 68 AVE.
CITY-ST-ZIP	OCALA FL 34479	4.4 CITY-ST-ZIP	OCALA, FL 34482-3949
TITLE	LTCD	5.1 TITLE	
NAME	LOCHMANN, NANCY	5.2 NAME	
STREET ADDRESS	6686 CHERRY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472-8657	5.4 CITY-ST-ZIP	
TITLE	LTCD	6.1 TITLE	
NAME	CROOKS, ANCU	6.2 NAME	LTCD BRANNON, JAMES W.
STREET ADDRESS	323 SE 37 AVE	6.3 STREET ADDRESS	10489 S.E. 101 AVE. RD.
CITY-ST-ZIP	OCALA FL 34471	6.4 CITY-ST-ZIP	BELLEVUE, FL 34420-3609

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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]* **BRANNON, JAMES W.** **3/16/97** (352)

CR2E037 (9/96)