FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

OCALA	A POWER SQUADRON, INC	•		
Principal Plac	e of Business	Mailing Address	•	- Landin Johas (1901 1904 distriction of the distriction of the control of the co
P. O. BOX 2113 OCALA FL 34478-2113 US		P. O. BOX 2113 OCALA FL 34478-2113 US		3. Date Incorporated or Qualified 10/06/1966
				4. FEI Number Applied For S9-1832265 Not Applicable
2. Principal P	Place of Business	2s. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution L. Added to Fees
23		28 28		7. Is this nonprofit corporation a homeowners association? Yes XNo
Zip	Country	Zip	Country	8. This corporation owes or has pald the current year Intangible
24	25 9. Name and Address of Currer		ю]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
OST NAME				
CARMICHAEL, MICHAEL J			I I JAM	MES H. GREENHAL QH
1815 S.W. 55TH ROAD			4200 83	ess (P.O. Box Number is Not Acceptable)
OCALA	OCALA FL 34474			
			84 City OC	-ALA FL 85 31974
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				
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 are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE	Strature, typed or philided name of registered ago	2 27 mAC	REEN HAL (A) Registered Agent eignature require	2.23-98
12.	DFFICERS AN	D DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ODR	DELETE	1.1 TITLE C.1	DR - JAMES H. GREENHALAND Change Addition 100 6 W 22 2 ST.
NAME	CARMICHAEL, MICHAEL J		12 NAME 42	100 6 W 12 2 5T.
STREET ADDRESS	1815 SW 55TH RD		4 A CYDEET ADDDECC	CALA, FL. 34474
CITY-ST-ZIP	OCALA FL 34474	₩ DELETE	1.4 CITY-ST-ZIP	CD Change Addition
NAME	GREENHALGH, JAMES H	POPOLIEIE	2.1 TITLE 2.2 NAME	CD Change Addition
STREET ADDRESS	4200 SW 22ND ST		23 STREET ADDRESS ZZ	IALTER C. FIELDS 55 71.W. 68 AVE.
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	CALA, FL. 34482-3949
TITLE	LTCD	DELETE	# 31 TITLE Lawren	1 Change DALAddition
NAME	CARMICHAEL, MICHAEL	·	I	. '
STREET ADDRESS	1815 S. W. 55TH RD.		- · · · · · · · · · · · · · · · · · · ·	A A JE.
CITY-ST-ZIP			3 2 CTREET ADDRESS 7 2	a com N.W. 68 AVE
	OCALA FL 34474		3.3 STREET ADDRESS 33 3.4. CITY-ST-ZIP	CALA, FL 34482-3949
TITLE	OCALA FL 34474 TCD	DELETE	3.3 STREET ADDRESS 33 3.4. CITY-ST-ZIP 0	255 N.W. 68 AVE CALA, FL 34482-3949
NAME	OCALA FL 34474 TCD FIELDS, WALTER C	⊠ DELETE	3.3 STREET ADDRESS 33 3.4. CITY-ST-ZIP 0 4.1 TITLE 2.7 4.2 NAME DA	CALA, FL 34482-3949 TCD Grange Maddition AVID SNEED
NAME STREET ADDRESS	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE	DELETE	3.3 STREET ADDRESS 3.3 (CITY-ST-ZIP 0 1.1 TITLE	CALA, FL 34482-3949 TCD Grange Maddition AVID SNEED SZ SW 18 AVE
NAME	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL	DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 0.7 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 7.7 5.1 TILL F. S.	CALA, FL 34482-3949 TCD
NAME STREET ADDRESS CITY-ST-ZIP	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL LTCD		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 2.7	CALA, FL 34482-3949 TCD Change MAddition AVID SNEED ST S.W. 1 ET AVE. CALA, FL 34474-4005 TCD Change Maddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL LTCD LOCHMANN, NANCY		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 2.7	CALA, FL 34482-3949 TCD Change MAddition AVID SNEED ST S.W. 1 ET AVE. CALA, FL 34474-4005 TCD Change Maddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL LTCD LOCHMANN, NANCY 6686 CHERRY ROAD		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 2.7	CALA, FL 34482-3949 TCD Change MAddition AVID SNEED ST S.W. 1 ET AVE. CALA, FL 34474-4005 TCD Change Maddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OCALA FL 34474 TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL LTCD LOCHMANN, NANCY		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 2.7	CALA, FL 34482-3949 TCD

14. Thereby 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 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 13 if clydingod/or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

10489 SE 101 AVE ROAD

BELLEVIEW FL

JAMES W. BRANNON

FILED

Mar 03 1998 8:00am

Secretary of State