


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 038 ****61.25

DOCUMENT # 711592 1. Entity 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1832265			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KERN, KATHLEEN 8483 SOUTHWEST 61 TERRACE ROAD OCALA, FL 34476			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Kathleen Kern</u> DATE: <u>1/06/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR LEMON, CHARLES 5832 NE 65TH ST SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR Pete Melanson 6400-D Lakewood Dr. Ocala, FL 34472-8495	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LTC RADLEY, BRIAN 12100 SE HWY 484 BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exc. O. Molly Lemon 5832 NE 65th St Silver Springs FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEO LEMON, MARGARET 5832 NE 65TH ST SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEO ANN Fields 3355 NW 68th Ave Ocala FL 34482-3949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LTC WEEDMAN, GEORGE PO BO 1341 SILVER SPRINGS, FL 34489	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adm. OFF. TRUDY RADLEY 12100 SE HWY 484 Belleview FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LTC KERN, ROBERT 8483 SW 61 TER. RD OCALA, FL 34476	<input type="checkbox"/> Delete Same	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ass't BARBARA Teti 2690 SE 80th St Ocala FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, KATHLEEN 8483 SW 61 TER RD OCALA, FL 34476	<input type="checkbox"/> Delete Same			
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: <u>Kathleen Kern</u> DATE: <u>1/06/08</u> 352-854-9869 <small>Signature and typed or printed name of signing officer or director</small>					