

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711593 (4)

1. Corporation Name

GAINESVILLE POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

2727 N. 43RD ST. STE 1
GAINESVILLE FL 32606

2727 N. 43RD ST. STE 1
GAINESVILLE FL 32606



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1966		3a. Date of Last Report 03/24/1995	
21		26		4. FEI Number 59-6150111		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**WALDO, MYRTICE R.
SUITE 1
2727 N.W. 43 STREET
GAINESVILLE FL 32606**

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, JOANN	1.2 NAME	GERHARD J. SCHNEIDER
STREET ADDRESS	903 N.W. 36TH DR.	1.3 STREET ADDRESS	1651 NW 22 CIRCE
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEISS, DAVID	2.2 NAME	WILLIAM K. KELLOGG
STREET ADDRESS	11619 N.W. 2ND AVE.	2.3 STREET ADDRESS	7117 SW ARCHER
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/ADMINISTRATIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY, OTTO F.	3.2 NAME	STANLEY H. GIVEN II
STREET ADDRESS	1520 N.W. 25TH TERR	3.3 STREET ADDRESS	8714 SW 46 LANE II
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/EDUCATION OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIHIL, GERALD	4.2 NAME	WILLIAM H. CUTLER
STREET ADDRESS	615 N.W. 21 AVENUE	4.3 STREET ADDRESS	2299 NW 21 AVE.
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSAM, EDWARD B.	5.2 NAME	PAUL STARK
STREET ADDRESS	RT. 2, BOX 125-30	5.3 STREET ADDRESS	P.O. BOX 448
CITY-ST-ZIP	MICANOPY FL	5.4 CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMEEKIN, JEFF	6.2 NAME	JACKIE MCCRAKEN
STREET ADDRESS	P.O. BOX 128	6.3 STREET ADDRESS	1504 NW 61 TERR.
CITY-ST-ZIP	HAWTHORNE FL	6.4 CITY-ST-ZIP	GAINESVILLE, FL 32605

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (352) 371-0218

CR2E037 (12/95)