FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90067 029 ****61.25

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DOCUMENT # 713923

1. Corporation Name

CORAL RIDGE POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
1537 E. HILLSBORO BLVD., #441 DEERFIELD BEACH FL 33441 US	1537 E. HILLSBORO BLVD., #441 DEERFIELD BEACH FL 33441 US

2. Principal Place of Business 21 BLK 1 Suite, Apt. #, etc. 22 BLK 1 City & State 23 BLK 1 Zip 24 BLK1 Country 25 USA	2a. Mailing Address 26 BLK 1 Suite, Apt. #, etc. 27 BLK 1 City & State 28 BLK 1 Zip 29 BLK 1 Country 30 USA	3. Date Incorporated or Qualifed 01/11/1968 4. FEI Number 59-6210249 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KALT, LOYD E TREAS
1537 E. HILLSBORO BLVD., #441
DEERFIELD BEACH FL 33441

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 Loyd E. Kalt, Treasurer 2-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	JACKSON, DEAN		1.2 NAME	BARNES, DONALD W.	
STREET ADDRESS	5360 NE 17TH AVE		1.3 STREET ADDRESS	4201 NW 34TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	DEO	☒ DELETE	2.1 TITLE	DEO	☒ Change ☐ Addition
NAME	BARNES, DONALD W		2.2 NAME	RAMEY, ELLEN S.	
STREET ADDRESS	4201 NW 34TH WAY		2.3 STREET ADDRESS	2472 SE 12TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MILITELLO, ANTHONY J		3.2 NAME	BLADE, JANET S.	
STREET ADDRESS	3304 SW 14TH ST		3.3 STREET ADDRESS	3120 N.W. 67TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	KALT, LOYD E #441	
STREET ADDRESS			4.3 STREET ADDRESS	1537 E. HILLSBORO BLVD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Loyd E. Kalt, Treasurer 2-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #