## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 14, 1946 904-897-8087

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 714016

SIGNATURE:

(3)

Mailing Address

FORT WALTON POWER SQUADRON OF UNITED STATES POWER SQUADRON, INC.

179 GREENACRES ROAD 179 GREENACRES ROAD P. O. BOX 1461 P. O. BOX 1461 FORT WALTON, BEACH FL 32549 FORT WALTON, BEACH FL 32549 3. Date Incorporated or Qualified 01/26/1968 3a. Date of Last Report 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 71-4016560 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PURCELL, CHARLES K. Street Address (P.O. Box Number is Not Acceptable) 1292 BAYSHORE DRIVE VALPARAISO FL 32580 83 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **™**DELETE 1 1 THILE Change Addition P MOSSOW, DAVID N. NAME 12 NAME FRIES ROBERT G CR2E037 505 SOFTWOOD DRIVE STREET ADDRESS 2911 BENTWOOD LANG 1.3 STREET ADDRESS FT WALTON BEACH FL CITY-ST-ZIP FT. WALTON BEACH, FL 3254B 1.4 CITY-ST-ZIP TITLE **™** DELETE 21 TITLE ☐ Change Addition FRIES, ROBERT G. NAME MORGAN , RAY C. 2.2 NAME 2911 BENTWOOD LANE STREET ADDRESS 2 3 STREET ADDRESS FT WALTON BCH FL City-St-7iP 2 4 CITY-SI-ZIP TITLE DELETE 3.1 TITLE T D ☐ Change Addition NAME KNELLER, GEORGE R. WOODWARD, JUHH G 3.2 NAME 208 CALHOUN AVE. STREET ADDRESS. 622 NELSON POINT ROAD 3.3 STREET ADDRESS DESTIN FL CITY-ST-ZIP 3 4 CITY-ST-ZIP FL 32578 NICEVILLE TIFLE DELETE 41 TITLE 5 D Addition KNELLER, M. SUSAN NAME REILLY NEIL A, 4. 2 NAME 208 CALHOUN AVE MARÍUA COVE DRIVE STREET ADORESS 4.3 STREET ADDRESS DESTIN FL HICEVILLE FL 32578 CITY-ST-ZIP 44 CITY-ST-ZIP TITLE A DELETE 51 DILE Change Addition DODSON, WILLIAM R. HENKLE, EDWARD TS. NAME 5.2 NAME 35 THIRD AVE 1457 DAKMONT PLACE STREET ADDRESS 5.3 STREET ADDRESS SHALIMAR FL CHTY-ST-ZIP 54 CITY-ST-ZIP NICEVILLE, FL 32578 TITLE DELETE 61 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6 4 CHTY - ST - ZHP

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 eath; 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 or Block 13 if changed, or on an attachment with an address.