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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 714016 (3)

1. Corporation Name

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

Principal Place of Business	Mailing Address
179 GREENACRES ROAD P. O. BOX 1461 FORT WALTON. BEACH FL 32549	179 GREENACRES ROAD P. O. BOX 1461 FORT WALTON. BEACH FL 32549-1461

3. Date Incorporated or Qualified: 01/26/1968
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 71-4016560 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PURCELL, CHARLES K. 1292 BAYSHORE DRIVE VALPARAISO FL 32580	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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FRIES, ROBERT G.		1.2 NAME	Morgan, Ray C.	
STREET ADDRESS	2911 BENTWOOD LANE		1.3 STREET ADDRESS	P. O. Box 1122	N/A
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MORGAN, RAY C.		2.2 NAME	Dillon, Frank T.	
STREET ADDRESS	2911 BENTWOOD LANE		2.3 STREET ADDRESS	1702 Crestone Cove	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WOODWARD, JOHN G.		3.2 NAME	Kneller, M. Susan	
STREET ADDRESS	622 NELSON POINT ROAD		3.3 STREET ADDRESS	208 Calhoun Ave.	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REILLY, NEIL A.		4.2 NAME		
STREET ADDRESS	3 MARINA COVE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENKLE, EDWARD B.		5.2 NAME		
STREET ADDRESS	1457 OAKMONT PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Harper, Joseph M., Jr.	
STREET ADDRESS			6.3 STREET ADDRESS	4109 Indian Trail	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Destin, FL 32541	

CR2E037 (9/96)

14. I do 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.