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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 POWER SQUADRON, INC.~~ Fort Walton Sail & Power Squadron of United States Power Squadron Inc.

Principal Place of Business

179 GREENACRES ROAD
P. O. BOX 1461
FORT WALTON. BEACH FL 32549

Mailing Address

P. O. BOX 1461
FORT WALTON. BEACH FL 32549

3. Date Incorporated or Qualified: 01/26/1968

4. FEI Number: 71-4016560 ☐ Applied For ☐ Not Applicable

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 / Country
24 / 25

Zip / Country
29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PURCELL, CHARLES K.
1292 BAYSHORE DRIVE
VALPARAISO FL 32580

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MORGAN, RAY C		1.2 NAME	Frank T. Dillon	
STREET ADDRESS	P.O. BOX 1122 N/A		1.3 STREET ADDRESS	1702 Crestone Cove	
CITY-ST-ZIP	SHALIMAR FL		1.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	DILLON, FRANK T		2.2 NAME	William R. Dodson	
STREET ADDRESS	1702 CRESTONE COVE		2.3 STREET ADDRESS	35 Third Ave	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNELLER, M. S		3.2 NAME		
STREET ADDRESS	208 CALHOUN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	REILLY, NEIL A.		4.2 NAME	John C. Devitt	
STREET ADDRESS	3 MARINA COVE DR		4.3 STREET ADDRESS	844 Overbrook Dr.	
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
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	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HARPER, JOSEPH M JR.		6.2 NAME	Wilbur G. Hugli	
STREET ADDRESS	4109 INDIAN TRAIL		6.3 STREET ADDRESS	12 NW Bayou Woods Ct.	
CITY-ST-ZIP	DESTIN FL		6.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32549	

CR2E037 (10/97)

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.

SIGNATURE: Susan Kneller SUSAN KNELLER 2/18/98 (850) 837-1742