

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90042 006 ****61.25

DOCUMENT # 714016

1. Entity Name

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

Principal Place of Business

Mailing Address

**404 GREENACRES ROAD
 FORT WALTON BEACH FL 32548**

**P.O. BOX 1461
 FT. WALTON BCH. FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-4016560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTTO, CARL M
 129 GAIL LA RUE
 FORT WALTON BEACH FL 32547**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Carl M. Hutto* **Carl M. Hutto**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

18 Jan '02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
 NAME **GERCAK, KAREN**
 STREET ADDRESS **91A BEAL PKWY**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **R** ☒ Change ☐ Addition
 NAME **GERCAK, KAREN**
 STREET ADDRESS **91A BEAL PKWY**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **P** ☒ Delete
 NAME **HENKLE, EDWARD B**
 STREET ADDRESS **1457 OAKMONT PL**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **V** ☒ Change ☐ Addition
 NAME **KNELLER, SUSAN M**
 STREET ADDRESS **208 CALHOUN AV**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **TD** ☐ Delete
 NAME **HUTTO, CARL M**
 STREET ADDRESS **129 GAIL LA RUE**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **DE SD** ☐ Change ☒ Addition
 NAME **DEVITT, JOHN C**
 STREET ADDRESS **844 OVERBROOK DR**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **SD** ☐ Delete
 NAME **STRINGER, CHARITY N**
 STREET ADDRESS **409 WOODROW ST**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **VACHON, DAVID P**
 STREET ADDRESS **105 HARRIS RD. N.E.**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **KNELLER, SUSAN M**
 STREET ADDRESS **208 CALHOUN AV**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl M. Hutto* **Carl M. Hutto**

18 JAN 02 850-863-1374

CR2E037 (9/01)