2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90069 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

JJ0119J4U

02102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
~~DANIELS, KAREN~~ ~~1872 BISCAYNE CIR DR~~ ~~NAVARRE, FL 32566~~	Name REYNOLDS, THOMAS G. III Street Address (P.O. Box Number is Not Acceptable) 4323 AMERICAN POETS DR. City NICEVILLE FL Zip Code 32578

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thos. G. Reynolds 10 FEB 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~MOORE, GERALD J~~ ~~119 WAYNELL CIRCLE~~ ~~FT. WALTON BEACH, FL 32948~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WAYNE, JOHN W. 113 WAYNELL CIRCLE FT WALTON BEACH, FL 32948	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GERCAK, RICHARD ~~91 A BEAL PARKWAY~~ FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	214 MIRACLE STRIP S.W.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~DANIELS, KAREN~~ ~~1872 BISCAYNE CIR DR~~ ~~NAVARRE, FL 32566~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REYNOLDS, THOMAS G. III 4323 AMERICAN POETS DR NICEVILLE, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~HEWITT, FRED~~ ~~946 CHOCTAW HATCHER RD~~ ~~NICEVILLE, FL 32578~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, LYNNE W. 4323 AMERICAN POETS DR NICEVILLE, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THARP, NELLY 121 MOONEY RD., NE FT. WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~JOHNSTON, KAYAKO K~~ ~~131 12TH AVE.~~ ~~SHALIMAR, FL 32579~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEBRA R. RETTIE 317 SUDDUTH CIRCLE FT WALTON BEACH, FL 32548	☑ Change ☑ Addition

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: Thos. G. Reynolds 10 FEB 2005 850 897-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #