

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714016

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

404 GREENACRES ROAD
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 71-4016560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGLI, WILBUR G
12 BAYOU WOODS CT NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WESTON, ALLEN H
Address: 701 OVERBROOK DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: THARP, JAMES A
Address: 121 MOONEY RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete
Name: ZIKA, WALTER F
Address: 6740 CASTLEWOOD ST
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: FEICK, THOMAS W
Address: 1327 WINDRUSH COVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: EAGLEBURGER, VERL W
Address: 132 GAIL LARUE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: P (X) Delete
Name: HUGLI, WILBUR G
Address: 12 BAYOU WOODS CT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GERCAK, KAREN
Address: 214 MIRACLE STRIP PKWY NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: HUGLI, WILBUR G
Address: 12 BAYOU WOODS CT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILBUR G. HUGLI

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date