

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**APPROVED
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05 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 714143 (5)**

1. Corporation Name

COCOA BEACH POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

**155 ARTEMIS BLVD
MERRITT ISLAND FL 32953
US****155 ARTEMIS BLVD
MERRITT ISLAND FL 32953
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1968

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3008037

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 206 ROSE DRIVE**26 206 ROSE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 COCOA BEACH, FL**28 COCOA BEACH, FL**

Zip

Country

Zip

Country

24 32931**25 US****29 32931****30 US**

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒**\$68.75 Supplemental
Fee Not Required**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

**STONE MICHAEL A
155 ARTEMIS BLVD
MERRITT ISLAND FL 32953**

81 Name

DONALD R. HANCE

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

206 ROSE DRIVE

83

84 City

COCOA BEACH**FL**

85 Zip Code

32931

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

*Donald R. Hance**April 26, 1995*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SEABREEE, FRANKLIN L.
1475 SYKES CREEK DRIVE
MERRITT ISLAND FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOND, REYNOLDS F.
1485 GIRARD BLVD.
MERRITT ISLAND FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DEMOTT, LUCIAN
3221 S ATLANTIC AVE #803
COCOA BEACH FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STONE, MICHAEL A
155 ARTEMIS BLVD
MERRITT ISLAND FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ROEWER, MARTIN
27 W POINT DR
COCOA BEACH FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald R. Hance**April 26, 1995*

Date

(407) 783-5455

Telephone Number