2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90012 032 ****70.00

DOCUMENT # 714143

1. Entity Name
COCOA BEACH POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
2049 SYKES CREEK DR MERRITT ISLAND, FL 32953 US	2049 SYKES CREEK DR MERRITT ISLAND, FL 32953 US

02202006 Chg-NP CR2E037 (11/05)

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 59-3008037 ☐ 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
LONGWAY, J P III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2006

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	PD MULKEY, JOHN F 939 OSPREY LANE ROCKLEDGE, FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Schoonmaker, Sandra 1850 N courtenay PKY #103-10 MERRITT IS, FL 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHOONMAKER, SANDY 1850 N COURTENAY, # 103-10 MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MICHAEL STONE 155 ARTEMIS BLVD MERRITT IS, FL 32953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED ADAME, FRED 5199 WEXFORD DR ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD MCCANDLESS, ANN W 906 MAPLEWOOD CT MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD LONGWAY, J.P. III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONGWAY, J P III 2049 SYKES CREEK DR MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEVE, JOHN PO BOX 1205 CAPE CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHOONMAKER, RICHARD 1850 N COURTNEY, # 103-10 MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard Schoonmaker Richard Schoonmaker 2/21/06 321-453-8130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #