

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **719580** (3)

1. Corporation Name

EVERGLADES POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

% ALLEN
10821 SW 102 PLACE
MIAMI FL 33176

10821 SW 102 PLACE
C/O ALLEN
MIAMI FL 33176
US



3. Date Incorporated or Qualified

10/26/1970

4. FEI Number

23-7105331

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **910 EADS**

26 **C/O EADS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **14804 SW 124 CT.**

27 **14804 SW 124 CT.**

City & State

City & State

23 **MIAMI, FL.**

28 **MIAMI, FL**

Zip

Zip

24 **33186**

29 **33186**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

ALLEN GEORGE E. JR
10821 SW 102 PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

JAMES L. EADS

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

14804 S.W. 124 COURT

83

84 City

MIAMI

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature] **JAMES L. EADS, TREASURER** **9/20/98**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME

COX, CHARLES W

STREET ADDRESS

P.O. BOX 183309 N/A

CITY-ST-ZIP

MIAMI FL 33116

TITLE **VD** ☒ DELETE

NAME

MULLER, CARL F

STREET ADDRESS

9391 S.W. 55 STREET

CITY-ST-ZIP

MIAMI FL 33165

TITLE **VD** ☒ DELETE

NAME

CHAPPELL, ANDREW J

STREET ADDRESS

1343 CASTLE AVE

CITY-ST-ZIP

CORAL GABLES FL

TITLE **VD** ☐ DELETE

NAME

ALLEN, GEORGE E JR.

STREET ADDRESS

10821 S.W. 102 PLACE

CITY-ST-ZIP

MIAMI FL 33176

TITLE **TD** ☐ DELETE

NAME

EADS, JAMES L

STREET ADDRESS

14804 SW 124 CT

CITY-ST-ZIP

MIAMI FL

TITLE **SD** ☒ DELETE

NAME

MCCREARY, LEROY S

STREET ADDRESS

3705 SW 86 AVE

CITY-ST-ZIP

MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD JOHN MEYENBAAG ☐ Change ☒ Addition

1.2 NAME

PD BOX 165034 N/A

1.3 STREET ADDRESS

MIAMI, FL. 33116-5034

1.4 CITY-ST-ZIP

MIAMI, FL. 33116-5034

2.1 TITLE

VD ☐ Change ☒ Addition

2.2 NAME

CARL BRODETEL

2.3 STREET ADDRESS

4400 S.W. 64 CT.

2.4 CITY-ST-ZIP

MIAMI, FL. 33155-5932

3.1 TITLE

VD ☐ Change ☒ Addition

3.2 NAME

DONALD J. WOLF

3.3 STREET ADDRESS

8840 S.W. 83 ST

3.4 CITY-ST-ZIP

MIAMI, FL 33143

4.1 TITLE

VD ☐ Change ☒ Addition

4.2 NAME

LILLIAM SIDLOSCA

4.3 STREET ADDRESS

14701 S.W. 151 TERR.

4.4 CITY-ST-ZIP

MIAMI, FL. 33194

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

SD EVELYN NIELSEN

6.3 STREET ADDRESS

340 SW 81 AVE

6.4 CITY-ST-ZIP

MIAMI, FL 33153

14. 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 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] **JAMES L. EADS, TREASURER** **9/20/98**

9/20/98

CR2E037 (10/97)