4-4-97 B-4061 C

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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722044** **(5)**

1. Corporation Name

NAPLES POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
297 AIRPORT RD N NAPLES FL 33942	297 AIRPORT RD N NAPLES FL 34104-3518

3. Date Incorporated or Qualified: **11/09/1971**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-6209881** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACNICOL, ALEXANDER
1275 WAHOO CT.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, ERNEST G.		1.2 NAME		
STREET ADDRESS	257 DEERWOOD CIRCLE UNIT #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE E. O'DONNELL		2.2 NAME		
STREET ADDRESS	15218 STORRINGTON PL.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	YEATON, MINOT		3.2 NAME	KILLEN, THOMAS	
STREET ADDRESS	1222 COBIA CT.		3.3 STREET ADDRESS	6950 HUNTER RD.	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL. 34109	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, JOHN		4.2 NAME		
STREET ADDRESS	7360 ST. IVES WAY #2204		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, WILLIAM E		5.2 NAME		
STREET ADDRESS	1898 MISSION DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACNICOL, ALEXANDER		6.2 NAME		
STREET ADDRESS	1275 WAHOO CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: A. MACNICOL 3/31/97 (941)643-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059116