FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:57

DOCUMENT # 724123 (5)

1. Corporation Name

ST. ANDREW BAY POWER SQUADRON OF UNITED STATES P OWER SQUADRON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 857 PANAMA CITY FL 32402-0857	P.O. BOX 857 PANAMA CITY FL 32402-0857

3. Date Incorporated or Qualified: 08/15/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-0724123 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

MAITLAND, WILLIAM W.
2457 PRETTY BAYOU CIRCLE
PANAMA CITY FL 32405

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 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 _____ 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	TD	1.1 TITLE	T. D.	☒ Change ☐ Addition
NAME	ENNIS, BUFORD F.	1.2 NAME	Cirks Irvin L.	
STREET ADDRESS	220 SOUTH COVE LANE	1.3 STREET ADDRESS	2615 Shoreline Ave	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, Fl 32405	
TITLE	PD	2.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	MORRISON, HENRY G.	2.2 NAME	Holmes, John T	
STREET ADDRESS	6818 SOUTHWOOD STREET	2.3 STREET ADDRESS	242 Eagle Dr.	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City Beach, Fl 32407	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOLMES, JOHN T.	3.2 NAME	Roper, Lonsdale	
STREET ADDRESS	23223 FRONT BEACH RD	3.3 STREET ADDRESS	6814 S. Lagoon Dr	
CITY-ST-ZIP	PANAMA CITY BEACH FL	3.4 CITY-ST-ZIP	Panama City Beach, Fl 32408	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	FOSTER, JOHN M.	4.2 NAME	Gibson, Robert R	
STREET ADDRESS	1706 MARYLAND AVE	4.3 STREET ADDRESS	4534 Pine Tree Lane	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	Lynn Haven, Fl 32444	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Irvin L. Cirks, Irvin L. Cirks 3/29/95 904-785-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

008447