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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724123

1. Corporation Name

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

Principal Place of Business

P.O. BOX 857
PANAMA CITY FL 32402-0857

Mailing Address

P.O. BOX 857
PANAMA CITY FL 32402-0857



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/15/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

13-0724123

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

TD
NAME GUEST, DAVID R
STREET ADDRESS 505 W BALDWIN ROAD
CITY-ST-ZIP PANAMA CITY FL 32405

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

VD
NAME FAULL, WELDON C
STREET ADDRESS 560 LAGOON OAKS DR.
CITY-ST-ZIP PANAMA CITY BEACH FL

2.1 TITLE ☒ Change ☐ Addition

VD S
2.2 NAME Switherman, Richard E.
2.3 STREET ADDRESS 833 Plantation way
2.4 CITY-ST-ZIP Panama City FL 32404

TITLE ☐ DELETE

PD
NAME GIBSON, ROBERT R
STREET ADDRESS 4334 PINE TREE LANE
CITY-ST-ZIP LYNN HAVEN FL

3.1 TITLE ☒ Change ☐ Addition

PD
3.2 NAME vonNyrenheim, Alfred C.
3.3 STREET ADDRESS 202 S. Charlene Dr.
3.4 CITY-ST-ZIP Panama City FL 32404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

David R. Guest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 99 850-914-9315
Date Daytime Phone #

CR2E037 (11/98)