

DOCUMENT # 724123

1. Entity Name

ST. ANDREW BAY POWER SQUADRON OF UNITED STATES P

FILED
May 03, 2000 8:00 am
Secretary of State

02-28-2000 90075 031 ****61.25

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-0724123

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS SMITHERMAN, RICHARD E
 CITY-ST-ZIP 833 PLANTATION WAY
 PANAMA CITY FL 32404

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS Smith, Richard E
 CITY-ST-ZIP 833 Plantation Way
 Panama City, FL 32404

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS VON NYVENHEIM, ALFRED C
 CITY-ST-ZIP 202 S CHARLENE DR
 PANAMA CITY FL 32404

TITLE ☒ Change ☐ Addition
 NAME VD
 STREET ADDRESS Clark, Douglas A
 CITY-ST-ZIP 279 Marlin Circle
 Panama City Beach, FL 32411

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. GUEST

Date

Daytime Phone #

21 Feb 2000 914-9315

CR2E037 (9/99)