2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State **DOCUMENT # 724123** 1. Entity Name 03-14-2002 90006 026 ****61.25 ST. ANDREW BAY POWER SQUADRON OF UNITED STATES P OWER SQUADRON, INC. Principal Place of Business Mailing Address P.O. BOX 857 P.O. BOX 857 21259 PANAMA CITY FL 32402-0857 PANAMA CITY FL 32402-0857 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apl # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-0724123 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAITLAND, WILLIAM W. 2457 PRETTY BAYOU CIRCLE PANAMA CITY FL 32405 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Pes. Smitherman, Augela E. Change Detete TITLE GUEST. DAVID R NAME D NAME 305 Greenwood Drive Panena City Boach, 71 34407 505 W BALDWIN ROAD STREET ADORESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP DAVIE B. HURST 740 Pour Kers Cove Rd Change. TITLE Delete TITLE Tread CLARK, DOUGLAS A NAME NAME aname City. 71, 22401 229 MARLIN CIR. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32411 CITY_ST_7IP CITY-ST-ZIP Gueat, David R, 505-W. Boldwingd (X) Change ☐ Addition Delete TITLE Off. TITLE SUITHERMAN, ANGELA E NAME D NAME Parena City ,71,-32405 305 GREENWOOD DR. STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-ZIP CITY-ST-ZIP me Treasurer ☐ Change **Addition** TITLE ☐ Delete HURST, DAVID B. 740 BUNKERS COVE AD Panama City, 71.3240/ NAME NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ППF ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 office 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 of Block 10 if changed, or on an attachment with an address, with all piper like empowered. 6972 02 March 02 SIGNATURE:

FILED