


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 724123	
1. Entity Name ST. ANDREW BAY POWER SQUADRON OF UNITED STATES POWER 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
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-0724123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David B. Hurst Treas. / David B. Hurst Treas. 06 Jan 04
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GUEST, DAVID R 505 W BALDWIN ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURST, DAVID B 740 BUNKERS COVE RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, JOHN 242 EAGLE DR. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/04-80009-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: David B. Hurst Treas. / David B. Hurst 06 JAN 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-747-6972