

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **729820**

(1)

1. Corporation Name

**SEMINOLE POWER SQUADRON, INC.**



Principal Place of Business

Mailing Address

%DAVID R. JENNINGS  
2881 GULF WINDS CT  
OVIEDO FL 32765  
US

% DAVID R. JENNINGS  
2881 GULF WINDS CT  
OVIEDO FL 32765  
US

3. Date Incorporated or Qualified  
**06/03/1974**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-7335588**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENNINGS, DAVID R  
2881 GULF WINDS CT  
P.O. BOX 520882  
OVIEDO FL 32765

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
**S**  
**YOUNG, CLARENCE H**  
**577 LAKESHORE CIRCLE**  
**LAKE MARY FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ DELETE  
**P**  
**SNIDER, WILLIAM H**  
**165 DOVE CT**  
**LONGWOOD FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
**D**  
**RAES, ROBERT L.**  
**1666 MAJESTIC OAK DRIVE**  
**APPOKA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ DELETE  
**P**  
**ROCHE, ARTHUR F**  
**403 BLUE LAKE DR**  
**LONGWOOD FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
**D**  
**APPEL, STEVE S.**  
**613 BIRCHMAN PLACE**  
**LAKE MARY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ DELETE  
**D**  
**KILLINGER, ALLAN P**  
**206 HOFFMAN CT**  
**CASSELBERRY FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
**T**  
**JENNINGS, DAVID R.**  
**2881 GULF WINDS CT**  
**OVIEDO FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
**D**  
**LYNCH, TIMOTHY E**  
**111 GROVE HOLLOW CT**  
**SANFORD FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☒ Change ☐ Addition  
**P**  
**LYNCH, TIMOTHY E.**  
**111 GROVE HOLLOW CT.**  
**SANFORD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
**D**  
**SHIRLEY, BETTYE**  
**2235 LONGWOOD HILLS RD**  
**LONGWOOD FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-96**

Date

**407-366-0557**

Daytime Phone #

CR2E037 (12/95)