

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729820** (1)  
1. Corporation Name  
**SEMINOLE POWER SQUADRON, INC.**



Principal Place of Business <b>%DAVID R. JENNINGS 2881 GULF WINDS CT OVIEDO FL 32765 US</b>		Mailing Address <b>% DAVID R. JENNINGS 2881 GULF WINDS CT OVIEDO FL 32765-6204 US</b>		3. Date Incorporated or Qualified <b>06/03/1974</b>	3a. Date of Last Report <b>04/03/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>23-7335588</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>		Country <b>30</b>	
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  
**JENNINGS, DAVID R.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2881 GULF WINDS CT**  
83  
84 City  
**OVIEDO** FL 85 Zip Code  
**32765**

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]* **DAVID R. JENNINGS, TREASURER** **4-7-97**  
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	<b>S YOUNG, CLARENCE H 577 LAKESHORE CIRCLE LAKE MARY FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAES, ROBERT L 1666 MAJESTIC OAK DRIVE APOPKA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D APPELL, STEVES 613 BIRGHAM PLACE LAKE MARY FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S ALLEN, PETER S. 1260 N. MARYLAND ST SANFORD FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JENNINGS, DAVID R 2881 GULF WINDS CT OVIEDO FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LYNCH, TIMOTHY E 111 GROVE HOLLOW CT SANFORD FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D SNIDER, WILLIAM H. 165 GREY DOVE CT LONGWOOD FL 32779</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHIRLEY, BETTYE 2235 LONGWOOD HILLS RD LONGWOOD FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D BARBICH, BARRY E. 626 LAKESIDE LANE ALTAMONTE SPRINGS FL 32714</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 in an attachment with an address.

SIGNATURE: *[Signature]* **4-7-97**

CR2E037 (9/96)