


FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 OVIDO FL 32765 US</b>	Mailing Address <b>% DAVID R. JENNINGS 2881 GULF WINDS CT OVIDO FL 32765 US</b>
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3. Date Incorporated or Qualified <b>06/03/1974</b>	4. FEI Number <b>23-7335588</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 c/o Rafael Gelpi</b>	2a. Mailing Address <b>26 c/o Rafael Gelpi</b>
Suite, Apt. #, etc. <b>22 371 Hound Run PL</b>	Suite, Apt. #, etc. <b>27 371 Hound Run PL</b>
City & State <b>23 Casselberry, FL</b>	City & State <b>28 Casselberry, FL</b>
Zip <b>24 32707</b>	Country <b>25 US</b>
Zip <b>29 32707</b>	Country <b>30 US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JENNINGS, DAVID R 2881 GULF WINDS CT. P.O. BOX 520882 OVIDO FL 32765</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Rafael Gelpi</b>	85 Zip Code <b>32707</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>371 Hound Run PL</b>	
83	
84 City <b>Casselberry</b>	

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 **RAFAEL GELPI, TREASURER** *Rafael Gelpi* **4/22/98**  
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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YOUNG, CLARENCE H</b>		1.2 NAME	
STREET ADDRESS <b>577 LAKESHORE CIRCLE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE MARY FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RAES, ROBERT L</b>		2.2 NAME	
STREET ADDRESS <b>1066 MAJESTIC OAK DRIVE</b>		2.3 STREET ADDRESS <b>3353 Gray Fox Cove</b>	
CITY-ST-ZIP <b>APOPKA FL</b>		2.4 CITY-ST-ZIP <b>Apopka, FL 32703</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLEN, PETER</b>		3.2 NAME	
STREET ADDRESS <b>1260 N. MARYLAND ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SANDFORD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JENNINGS, DAVID R</b>		4.2 NAME	
STREET ADDRESS <b>2881 GULF WINDS CT</b>		4.3 STREET ADDRESS <b>371 Hound Run PL</b>	
CITY-ST-ZIP <b>OVIDO FL</b>		4.4 CITY-ST-ZIP <b>Casselberry, FL 32707</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SNIDER, WILLIAM H.</b>		5.2 NAME	
STREET ADDRESS <b>165 GREY DOVE CT.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LONGWOOD FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BABICH, BARRY E.</b>		6.2 NAME	
STREET ADDRESS <b>626 LAKESPUR LANE</b>		6.3 STREET ADDRESS <b>300 Palm Lake Ct.</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		6.4 CITY-ST-ZIP <b>Longwood, FL 32779</b>	

14. 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 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 **RAFAEL GELPI** *Rafael Gelpi* **4/22/98** **407-867-1764**

CR2E037 (10/97)