

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

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DOCUMENT # 729820

1. Corporation Name

SEMINOLE POWER SQUADRON, INC.

Principal Place of Business

C/O GELPI, RAFAEL
371 HOUND RUN PLACE
CASSELBERRY FL 32707
US

Mailing Address

C/O GELPI, RAFAEL
371 HOUND RUN PLACE
CASSELBERRY FL 32707
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/03/1974

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

9. Name and Address of Current Registered Agent

GELPI, RAFAEL
371 HOUND RUN PLACE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

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

TITLE P ☒ DELETE

NAME WERT, JACK W
STREET ADDRESS 3353 GRAY FOX COVE
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ DELETE

NAME ALLEN, PETER
STREET ADDRESS 1260 N. MARYLAND ST.
CITY-ST-ZIP SANDFORD FL

TITLE T ☐ DELETE

NAME GELPI, RAFAEL
STREET ADDRESS 371 HOUND RUN PLACE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☒ DELETE

NAME SNIDER, WILLIAM H.
STREET ADDRESS 165 GREY DOVE CT.
CITY-ST-ZIP LONGWOOD FL

TITLE S ☒ DELETE

NAME KOCH, RICHARD M
STREET ADDRESS 300 PALM LAKE CT
CITY-ST-ZIP LONGWOOD FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME YOUNG, CLARENCE H
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME PETERSON, ALBERT W.
2.3 STREET ADDRESS 4221 LORI LOOP
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME JAMES R. MULCHI
5.3 STREET ADDRESS 603 BIRCH BOULEVARD
5.4 CITY-ST-ZIP ALFAMONTE SPRINGS, FL 32701-5405

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME MARIANY, JR, LOUIS J.
6.3 STREET ADDRESS 1142 BRANTLEY ESTATE DRIVE
6.4 CITY-ST-ZIP ALFAMONTE SPRINGS, FL 32714

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, with all other like empowered.

SIGNATURE:

Rafael Gelpi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

407-867-1764

Daytime Phone #

CR2E037 (1/98)