2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729820

Entity Name: SEMINOLE POWER SQUADRON, INC.

FILED Jan 13, 2004 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1108 SUPE	M CORSONES RIOR COURT PRINGS, FL 327085516 US			
Current Mailing Address:		New Maili	New Mailing Address:	
ROBERTA M CORSONES 1108 SUPERIOR CT WINTER SPRINGS, FL 32708 US				
FEI Number:	23-7335588 FEI Number Applied For() FEI N	lumber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORSONES, ROBERTA M 1108 SUPERIOR CT WINTER SPRINGS, FL 32708 US				
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.				
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () Delete CORSONES, ROBERTA 1108 SUPERIOR CT WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BAYNE, MAR III 107 RED CEDAR DR LONGWOOD, FL 32779	Title: Name: Address: City-St-Zip:	P (X) Change () Addition CORSONES, GEORGE N 1108 SUPERIOR COURT WINTER SPRINGS, FL 327085516	
Title: Name: Address: City-St-Zip:	VP () Delete CORSONES, GEORGE 1108 SUPEROR COURT WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BAYNE, MARIAN III 107 RED CEDAR DRIVE LONGWOOD, FL 32779	
Title: Name: Address: City-St-Zip:	P () Delete CHAMBERLIN, JIM 131 E HIGHBANKS RD DEBARY, FL 32713	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ANDERSON, DAN 1150 ARRINGTON CIRCLE OVIEDO, FL 32765	
Title: Name: Address: City-St-Zip:	D () Delete VINSON, WILLIAM 1605 TWIN OAKS CIRCLE OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete STORK, EDWARD 2698 HOWLAND BLVD DELTONA, FL 32735	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA M. CORSONES T 01/13/2004