

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729820

FILED
Feb 20, 2006
Secretary of State

Entity Name: SEMINOLE POWER SQUADRON, INC.

Current Principal Place of Business:

ROBERTA M CORSONES
1108 SUPERIOR COURT
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

ROBERTA M CORSONES
1108 SUPERIOR CT
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 23-7335588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORSONES, ROBERTA M
1108 SUPERIOR CT
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: CORSONES, ROBERTA M
Address: 1108 SUPERIOR CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: P () Delete
Name: BAYNE, MARIAN J III
Address: 107 RED CEDAR DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: ANDERSON, DAN E
Address: 1150 ARRINGTON CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: WILLCOX, TERRY J
Address: 5639 DEER PATH LANE
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: ESTEVEZ, HENRY G
Address: 705 CANADICE LANE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: S () Delete
Name: ENSIGN, JOHN L
Address: 207 S. BRISTOL CIRCLE
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ANDERSON, DAN E
Address: 1150 ARRINGTON CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Change () Addition
Name: WILLCOX, TERRY J
Address: 5639 DEER PATH LANE
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Change () Addition
Name: MYCOSKIE, PAUL T
Address: 1039 DEES DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/20/2006

Electronic Signature of Signing Officer or Director

Date