

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90054 022 ****61.25

0021842

DOCUMENT # 731855

1. Corporation Name

HOLLYWOOD POWER SQUADRON, INC.

Principal Place of Business

**801 S FEDERAL HWY
HOLLYWOOD FL 33020
US**

Mailing Address

**801 S FEDERAL HWY
HOLLYWOOD FL 33020
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified

02/13/1975

4. FEI Number

59-4055692

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

**BACEN, STEPHEN F
1112 N NORTH LAKE DR
HOLLYWOOD FL 33019**

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 **TD** ☐ DELETE

NAME **SNOW, RICHARD H.**
STREET ADDRESS **801 S. FEDERAL HWY**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE

NAME **STEPHENS, RAY**
STREET ADDRESS **531 LESLIE DRIVE**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE

NAME **SHELTON, GACE M**
STREET ADDRESS **2311 HAYES ST**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ DELETE

NAME **POLANCO, JOE**
STREET ADDRESS **9502 NW 38TH ST**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ DELETE

NAME **Leonard A. Hall**
STREET ADDRESS **12001 NW 26th St.**
CITY-ST-ZIP **Plantation, FL. 33323**

TITLE **D** ☐ DELETE

NAME **Richard C. Pfenniger**
STREET ADDRESS **4613 SW 37th Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL. 33312**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Richard C. Pfenniger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 **954-920-8844**
Date Daytime Phone #

CR2E037 (11/98)