


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737965** (4)

1. Corporation Name

BOCA CIEGA POWER SQUADRON, INC.



Principal Place of Business	Mailing Address
130 126TH AVENUE EAST TREASURE ISLAND FL 33706	130 126TH AVENUE EAST TREASURE ISLAND FL 33706

3. Date Incorporated or Qualified	02/01/1977
4. FEI Number	95-1715554
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent	
TUCKER, EDWARD G 7225 BOCA CIECA DRIVE ST PETERSBURG BEACH FL 33706	

10. Name and Address of New Registered Agent	
81 Name	TUCKER Edward G.
82 Street Address (P.O. Box Number is Not Acceptable)	130 126th Avenue East
83	
84 City	TREASURE Island FL
85 Zip Code	33706

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 *Edward G. Tucker* **2/15/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, EDWARD G
STREET ADDRESS	7225 BOCA CIECA DRIVE
CITY-ST-ZIP	ST PETERSBURG BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LAWRENCE, JAMES J.
STREET ADDRESS	19851 GULF BLVD A13
CITY-ST-ZIP	INDIAN SHORES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LANEAU, JR. RICHARD E.
STREET ADDRESS	12394 MONARCH CR
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KELLER, JAN
STREET ADDRESS	8570 HILLSIDE AVE
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	S BLANGER, CAROLYN E
STREET ADDRESS	7988 ELEVENTH AVE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LANEAU JR., RICHARD E.
STREET ADDRESS	4558 32ND AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MARYANNE E. HAZEN
1.3 STREET ADDRESS	17067 Dolphin Drive 1
1.4 CITY-ST-ZIP	No. Redington Beach, FL 33708-1316
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D DONALD L. RIFE
2.3 STREET ADDRESS	180 137 Ave Circle
2.4 CITY-ST-ZIP	Madeira Beach, FL 33708-2506
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T TUCKER, Edward G.
3.3 STREET ADDRESS	130 126th Avenue East
3.4 CITY-ST-ZIP	Treasure Island, FL 33706
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Edward G. Tucker* **2/15/98**

CR2E037 (10/97)