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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90021 032 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 737965**

1. Corporation Name

**BOCA CIEGA POWER SQUADRON, INC.**

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

Mailing Address  
**130 126TH AVENUE EAST  
TREASURE ISLAND FL 33706**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**02/01/1977**

22 City & State

27 City & State

4. FEI Number  
**95-1715554**

Applied For  
Not Applicable

23

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24

25

Country

29

30

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKER, EDWARD G  
130 126TH AVENUE EAST  
TREASURE ISLAND FL 33706**

81 Name

**Donald L. Grier**

82 Street Address (P.O. Box Number is Not Acceptable)

**13323 87 Th. Pl. N.**

83

**Seminole, Fl. 33776**

84 City

**Seminole, Fl.**

**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 **Donald L. Grier, Treasurer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **HAZEN, MARYANNE E.**  
STREET ADDRESS **17067 DOLPHIN DRIVE**  
CITY-ST-ZIP **NO. REDINGTON BEACH FL 33708**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D Kane, Joseph**  
1.3 STREET ADDRESS **7957 Tenth Ave. S.**  
1.4 CITY-ST-ZIP **St. Petersburg, Fl. 33707**

TITLE **D** ☒ DELETE  
NAME **RIFE, DONALD L.**  
STREET ADDRESS **180 137TH AVE CIRCLE**  
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **TUCKER, EDWARD G.**  
STREET ADDRESS **130 126TH AVENUE EAST**  
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Grier, Donald**  
3.3 STREET ADDRESS **13323 87 Th. Pl. N.**  
3.4 CITY-ST-ZIP **Seminole, Fl. 33776**

TITLE **D** ☒ DELETE  
NAME **KELLER, JAN**  
STREET ADDRESS **6570 HILLSIDE AVE**  
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D Ehly, Gerald**  
4.3 STREET ADDRESS **810 116 Th. Ave.**  
4.4 CITY-ST-ZIP **Treasure Island, Fl. 33706**

TITLE **S** ☒ DELETE  
NAME **BLANGER, CAROLYN E**  
STREET ADDRESS **7986 ELEVENTH AVE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **S DeClercq, Jerome**  
5.3 STREET ADDRESS **1220 16 Th. Ct. SW**  
5.4 CITY-ST-ZIP **Largo, Fl. 33770**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: **Donald L. Grier** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-99 727-391-1183**

Date

Daytime Phone #

CR2E037 (11/98)