**FILE NOW: FILING FEE AFTER MAY 1 '95 $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739370 (5)

1. Corporation Name
SAN CARLOS BAY POWER SQUADRON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 5026<br>FORT MYERS BEACH FL 33932 | P.O. BOX 5026<br>FORT MYERS BEACH FL 33932 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/16/1977 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 23-7027967 | ☐ 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

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

9. Name and Address of Current Registered Agent

ECKHARDT, DOUGLAS L.
490 DONORA BLVD.
FT. MYERS BEACH FL 33931

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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | MDR | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PRENDERGAST, ALBERT J | 1.2 NAME | Eckhardt, Douglas L. | |
| STREET ADDRESS | 6781 STIVESCT | 1.3 STREET ADDRESS | 490 Donora Boulevard | |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | Fort Myers Beach, Florida | |
| TITLE | SD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOSFIELD, LAURA H | 2.2 NAME | | |
| STREET ADDRESS | 17560 TAYLOR DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GRINTER, ROBERT B | 3.2 NAME | | |
| STREET ADDRESS | 111 FALKIRK AVE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS BCH FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | ESTES, HELEN C | 4.2 NAME | Estes, Helen C. | |
| STREET ADDRESS | 3804 CARDINAL CIR | 4.3 STREET ADDRESS | 3804 Cardinal Cir | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 4.4 CITY-ST-ZIP | Bonita Springs, Florida | |
| TITLE | PD | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | PRENDERGAST, ALBERT J | 5.2 NAME | Prendergast, Albert J. | |
| STREET ADDRESS | 6781 ST IVES COURT | 5.3 STREET ADDRESS | 6781 St Ives Court | |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | Fort Myers Florida | |
| TITLE | D | 6.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | MULHOLLAND, JOHN J | 6.2 NAME | Mulholland, John J. | |
| STREET ADDRESS | 321 SEMONOLE WAY | 6.3 STREET ADDRESS | 321 Seminole Way | |
| CITY-ST-ZIP | FT MYERS BCH FL | 6.4 CITY-ST-ZIP | Fort Myers Beach, Florida | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Douglas L. Eckhardt Douglas L. Eckhardt 04/11/94 (813)463-0471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016748