FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 739370 (5)

1. Corporation Name

SAN CARLOS BAY POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5026 FORT MYERS BEACH FL 33932	P.O. BOX 5026 FORT MYERS BEACH FL 33932

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ECKHARDT, DOUGLAS L		1.2 NAME		
STREET ADDRESS	490 DONORA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	EXEC O DIRECTOR	☒ 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	☒ DELETE	3.1 TITLE	TREASURER, DIRECTOR	☐ Change ☒ Addition
NAME	GRINTER, ROBERT B		3.2 NAME	WILLARD S THOMAS	
STREET ADDRESS	111 FALKIRK AVE		3.3 STREET ADDRESS	7930 ESTERO BLVD #704	
CITY-ST-ZIP	FT MYERS BCH FL		3.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	VD	☐ DELETE	4.1 TITLE	COMMODORE, DIRECTOR	☒ Change ☐ Addition
NAME	ESTES, HELEN C		4.2 NAME		
STREET ADDRESS	3804 CARDINAL CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	ADMIN O, DIRECTOR	☐ Change ☒ Addition
NAME	PRENDERGAST, ALBERT J		5.2 NAME	GEORGE LEE	
STREET ADDRESS	6781 ST IVES COURT		5.3 STREET ADDRESS	7500 ESTERO	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	PD	☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MULHOLLAND, JOHN J		6.2 NAME		
STREET ADDRESS	321 SEMONOLE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BCH FL		6.4 CITY-ST-ZIP		

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)(k), 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: Willard S Thomas Treasurer 4/17/96 765-3741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)