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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33932-5026

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 05/01/1996

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

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: Laura H. Hosfield
82 Street Address (P.O. Box Number is Not Acceptable): 17560 Taylor Drive
83
84 City: Fort Myers FL 85 Zip Code: 33908

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: Laura H. Hosfield P — Laura H. Hosfield — 4-23-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKHARDT, DOUGLAS L 490 DONORA BLVD FT MYERS BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HOSFIELD, LAURA H 17560 TAYLOR DR FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition PD Hosfield, Laura H. 17560 Taylor Drive Ft Myers, Fl. 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, WILLIAM S 7930 ESTERO BLVD. #704 FT MYERS BCH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition TD Huber, Harold L. 4263 Bay Beach Lane Ft Myers Beach, Fl. 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESTES, HELEN C 3804 CARDINAL CIR BONITA SPRINGS FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition D X change Estes, Helen C. 3804 Cardinal Circle Bonita Springs, Fl. 34134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD LEE, GEORGE 7500 ESTERO FT. MYERS BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition VD Walters, William D 5260 S Landings Dr. #604 Fort Myers, Fl. 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULHOLLAND, JOHN J 321 SEMONOLE WAY FT MYERS BCH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: LAURA H. HOSFIELD Laura H. Hosfield 4-23-97 941-481-4982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #