FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90014 001 ****61.25

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DOCUMENT # 739370

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7027967 ☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOSFIELD, LAURA H
17560 TAYLOR DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Doris J. Cowan
82 Street Address (P.O. Box Number is Not Acceptable): 1477 Saddlewoode Dr. #E
83
84 City: Ft. Myers FL 85 Zip Code: 33919

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: Doris J. Cowan — Doris J. Cowan — 3-27-99
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	
	PD ☐ DELETE	1.1 TITLE	PD ☑ Change ☐ Addition
	WALTERS, WILLIAM D	1.2 NAME	COWAN, ROBERT W.
ADDRESS	5260 S LANDING DR, #604	1.3 STREET ADDRESS	1477 Saddlewoode Dr #E
ST-ZIP	FT MYERS FL 33919	1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919-6739
	TD ☐ DELETE	2.1 TITLE	TD ☐ Change ☐ Addition
	HUBER, HAROLD L	2.2 NAME	Huber, Harold L.
ADDRESS	4263 BAY BEACH LN	2.3 STREET ADDRESS	4623 Bay Beach Ln #811
ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP	Ft Myers Bch Fl. 33931
	D ☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
	ESTES, HELEN C	3.2 NAME	Walters William D.
ADDRESS	3804 CARDINAL CIR	3.3 STREET ADDRESS	5260 Landing Dr. 604
ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Ft Myers Fl. 33919-4675
	VD ☐ DELETE	4.1 TITLE	VD ☑ Change ☐ Addition
	COWAN, ROBERT W	4.2 NAME	Lum, David W.
ADDRESS	1477 SADDLEWOOD DR, #7E	4.3 STREET ADDRESS	8387 Estero Blvd.
ST-ZIP	FT MYERS FL 33919	4.4 CITY-ST-ZIP	Ft Myers Bch Fl. 33931-5104
	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
	MULHOLLAND, JOHN J	5.2 NAME	
ADDRESS	321 SEMONOLE WAY	5.3 STREET ADDRESS	
ST-ZIP	FT MYERS BCH FL	5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Robert W. Cowan SIGNATURE REQUIRED — Robert W. Cowan — 3-27-99 — 941-437-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #