

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740752

FILED
Jan 09, 2006
Secretary of State

Entity Name: THE ST. PETERSBURG SAIL AND POWER SQUADRON, INC.

Current Principal Place of Business:

5920 BAHIA WAY N
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

5920 BAHIA WAY N
ST. PETE BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-6149158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEARSON, FREDERICK
8600 15TH STREET, N.
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDR () Delete
Name: BECKMAN, CONSTANCE
Address: 4569 40TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: EXO () Delete
Name: SELLERS, FRED
Address: 523 BOCA CIEGA PT. BLVD. S
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: ADO () Delete
Name: KRUPA, SANDRA
Address: 8950 PARK BLVD., #305
City-St-Zip: SEMINOLE, FL 33777

Title: EDO () Delete
Name: BECKMAN, KENNETH
Address: 4569 40TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SEC () Delete
Name: MORRIS, ANNA
Address: 8213 MALVERN CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: TR () Delete
Name: ERETT, PATRICIA
Address: 5920 BAHIA WAY N.
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDR (X) Change () Addition
Name: SELLERS, FRED
Address: 523 BOCA CIEGA PT. BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: EXO (X) Change () Addition
Name: KRUPA, SANDRA
Address: 8950 PARK BLVD, #305
City-St-Zip: SEMINOLE, FL 33777

Title: ADO (X) Change () Addition
Name: HADFIELD, DAVID
Address: 5571 65TH AVENUE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ERETT

TR

01/09/2006

Electronic Signature of Signing Officer or Director

Date