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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90250 020 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742645**

1. Corporation Name

**PONCE DELEON INLET POWER SQUADRON, INC.**

Principal Place of Business

11 LAUGHING GULL LANE  
 EDGEWATER FL 32141  
 US

Mailing Address

11 LAUGHING GULL LANE  
 EDGEWATER FL 32141  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 109 OAKWOOD AVE	26 109 OAKWOOD AVE	05/03/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		59-1695087
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 NEW SMYRNA BEACH FL	28 NEW SMYRNA BEACH FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32169-2707	29 Zip 32169-2707	30 Country USA

9. Name and Address of Current Registered Agent

HORNBERGER, ELLIS D  
 11 LAUGHING GULL LANE  
 EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name ENSLEN, DONALD A.  
 82 Street Address (P.O. Box Number is Not Acceptable) 109 OAKWOOD AVE  
 83  
 84 City NEW SMYRNA BEACH FL 85 Zip Code 32169

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 THOMAS G. HOWINGTON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BARONE, JAMES F	1.2 NAME	HOWINGTON THOMAS G.
STREET ADDRESS	803 MAPLE ST	1.3 STREET ADDRESS	5205 PENINSULA AVE #C6
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	VD	2.1 TITLE	VD
NAME	HOWINGTON, THOMAS G	2.2 NAME	JENNINGS BRUCE T.
STREET ADDRESS	520 S. PENINSULA AVE. #C6	2.3 STREET ADDRESS	144 AZALEA RD
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	EDGEWATER FL 32141-7202
TITLE	PD	3.1 TITLE	PD
NAME	BARONE, JAMES F	3.2 NAME	HOWINGTON THOMAS G.
STREET ADDRESS	803 MAPLE ST	3.3 STREET ADDRESS	5205 PENINSULA AVE #C6
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	VD	4.1 TITLE	VD
NAME	REICHERT, PAUL E	4.2 NAME	BARONE, JAMES F
STREET ADDRESS	891 SNOOK AVE	4.3 STREET ADDRESS	803 MAPLE ST
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	SD	5.1 TITLE	
NAME	JOHNSON, ROBERT E	5.2 NAME	
STREET ADDRESS	353 HEARTHSTONE TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	TD
NAME	HORNBERGER, ELLIS D	6.2 NAME	ENSLEN DONALD A
STREET ADDRESS	11 LAUGHING GULL LANE	6.3 STREET ADDRESS	109 OAKWOOD AVE
CITY-ST-ZIP	EDGEWATER FL 32141	6.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169

14. 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: DONALD A. ENSLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

914.427-1533

Daytime Phone #

CR2E037 (1/198)