SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **746541** **(2)**

1. Corporation Name
FLORIDA POWER CLUB

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O PATRICIA A. BROWN 3201-34TH ST SOUTH ST PETERSBURG FL 33711-3628	C/O PATRICIA A. BROWN 3201-34TH ST SOUTH ST PETERSBURG FL 33711-3628

3. Date Incorporated or Qualified: 04/02/1979
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6004292 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BROWN, PATRICIA A.
3201-34TH ST SOUTH
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name: James P. Fama
82 Street Address (P.O. Box Number is Not Acceptable): 3201 34th Street South
83
84 City: St. Petersburg **FL** 85 Zip Code: 33711

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: _____ James P. Fama July 14, 1995
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HUSZAI, DIANE	1.2 NAME		
STREET ADDRESS	3201 34TH ST. S.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	RAINER, J.T.	2.2 NAME	Jancetic, H.M.	
STREET ADDRESS	3201 34TH ST. S.	2.3 STREET ADDRESS	3201 34th ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	T	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MCALLISTER, T F	3.2 NAME	Martini, S. L.	
STREET ADDRESS	3201 34TH ST S	3.3 STREET ADDRESS	3201 34th St. S.	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	DEBELLA, BETH	4.2 NAME	Odom Jr., J. E.	
STREET ADDRESS	3201 34TH ST. S.	4.3 STREET ADDRESS	3201 34th St. S.	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	LEMKE, OWEN	5.2 NAME	Strickland, V.	
STREET ADDRESS	3201 34TH ST. S.	5.3 STREET ADDRESS	3201 34th St. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	P	6.1 TITLE	President	☒ Change ☐ Addition
NAME	LALLEY, M C	6.2 NAME	Harrison, S. A.	
STREET ADDRESS	3201 34TH ST. S.	6.3 STREET ADDRESS	3201 34th St. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL	

CR2E037 (3/95)

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)(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: Shirley A. Harrison 6-22-95 866-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHIRLEY A. HARRISON

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