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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 746541

(2)

FLORIDA POWER CLUB

FILED								
Mar 03 1	997 8:00am							
Secreta	ry of State							

	3151 01011 2161	 	

Principal Place	n of Rusiness	Mailing Address				81 OLDA 868A BAOLLOIDH 1 3	
Principal Flaci	e of business	Maining Address					
C/O J.P. FAMA		Č/O J.P. FAMA					
3201-34TH ST S		3201-34TH ST SOUTH					
ST PETERSBUR US	G FL 33711-3828	ST PETERSBURG FL 33711-38 US	28		3. Date Incorporated or Qualified 04/02/1979	3a. Date of Last F 04/17/19	Report 96
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-6004292 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Carl Carl of Charles Bashard	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State City & State		6. Election Campaign Financing	\$5.00	May Be			
23		28			Trust Fund Contribution		to Fees
Ζιp	Country	Zip	Country	1	8. This corporation has liability for it	ntangible tax under s	199.032,
24	25	29 30				Yes 🗌 No	·
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent	
			81	Name			
FAMA, J	AMES P		-00	0	4.d/0.0 DN	1-1	
3201 341			82	Street .	Address (P.O. Box Number is Not Acceptable	16)	
	FL 33711		83	 			
OTTER	16 55/11						
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the pi	urpose of changing i	ts registered
office or r agent. Fa	egistered agent, or both, in the State on familiar with, and accept the obligation in the colligation of the colligation of the colligation of the colligation of the colline of the colli	of Florida. Such change was aut ions of, Section 617.0503, Floric	horized b la Statute	y the corp s.	corporation submits this statement for the poporation's board of directors. I hereby acceptions	t the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE: R	legistered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		<u> </u>	Change	Addition
NAME	HUSZAI, DIANE		1.2 NAME		÷		_
STREET ADDRESS	3201 34TH ST. S.			T ADDRESS	•		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-				
TITLE	S	₩ DELETE	2.1 TITLE	21 - TIL	c	X Change	Addition
NAME	MAKO, HELENE M.	In precie	2.2 NAME		Laura A. Koch	ET cumbo	- Magivisii
STREET ADDRESS	3201 34TH ST S			T ADDRESS	3201 34th St S		
	ST PETERSBURG FL				St. Petersburg, FL		
CITY - ST - ZIP	T	☑ DELETE	2. 4 CITY- 3.1 TITLE	S1 - ZIP		X Change	Addition
	MADTIMI CHOAN	(V) breeze			To see a	TO CHAINE	FIEL VERNINI
NAME	MARTINI, SUSAN L.		3.2 NAME		Barbara Marino		
STREET ADDRESS	3201 34TH ST S			T ADDRESS	3201_34th St S		
CITY-SI-ZIP	ST PETERSBURG FL	Clouete	3.4 CITY-	ST-ZIP	St. Pet∋rsburg. FL	F1 of	1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	D FOY MADOADET !	DELETE	4.1 TITLE			Change	Addition
NAME	FOX, MARGARET L.		4. 2 NAME				
STREET ADDRESS	3201 34TH ST. S.		4.3 STREE	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY -	ST-ZIP			
ĭilt€	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	STRICKLAND, VERNON		5.2 NAME				
STREET ADDRESS	3201 34TH ST. S.		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY -	ST-ZIP			
TITLE	P	CKDELETE	6.1 TITLE		Р		☐ Addition
NAME	QUINLIVAN, J.M.		6.2 NAME		Debra Woodward	·	
STREET ADDRESS	3201 34TH ST. S.			T ADDRESS	3201 34th St S		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-		St. Petersburg, FL		
OH I TO I THE			0.4 (3)11	SI " ZIF"	OT A TOTAL SUULY A		

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 33 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3-893-9346 Daytime Phone # 0050843