

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748539 (4)

1. Corporation Name

MARCO ISLAND POWER SQUADRON, INC.



Principal Place of Business

Mailing Address

231 N COLLIER BLVD.
MARCO ISLAND FL 33937

231 N COLLIER BLVD.
MARCO ISLAND FL 33937

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

08/16/1979

3a. Date of Last Report

03/08/1995

4. FEI Number

59-1922657

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREHBIEL, JOHN D
241 ROCKHILL CT.
MARCO ISLAND FL 33937

81 Name

Tower, Dell K.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1100 Dana Ct.

84 City

Marco Island

FL

85 Zip Code

33937

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

Dell K Tower

7 March 1996

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE EO ☒ DELETE
NAME MAIR, ROBERT
STREET ADDRESS 310 HENDERSON CT.
CITY-ST-ZIP MARCO ISLAND FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Education Officer
1.3 STREET ADDRESS Carl Ullmann
1.4 CITY-ST-ZIP 187 Dan River Ct
Marco Island FL 33937

TITLE S ☐ DELETE
NAME SIMMONS, JAMES W.
STREET ADDRESS 694 W. ELKCAM CIR., SUITE 1111
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TOWER, DELL K.
STREET ADDRESS 1100 DANA CT
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME KREHBIEL, JOHN D.
STREET ADDRESS 241 ROCKHILL CT
CITY-ST-ZIP MARCO ISLAND FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Administrative Officer
4.3 STREET ADDRESS Owen Henning
4.4 CITY-ST-ZIP 1108 Bald Eagle - Apt. 103
Marco Island FL 33937

TITLE D ☐ DELETE
NAME LAYTON, SUSAN J.
STREET ADDRESS 1100 DANA CT.
CITY-ST-ZIP MARCO ISLAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME FOWLER, RICHARD S
STREET ADDRESS 921 HYACINTH CT
CITY-ST-ZIP MARCO ISLAND FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Richard S Fowler

7 March 1996

941-394-7548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)