## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

111

Corporation Name	U9 ( <del>T</del> )						
MARCO ISLAND POWER SQUADRON, INC.							
				<u> </u>			
Principal Place of Business Mailing Address			-{	04007 41014 01014 07011 1801			
231 N COLLIER BLVD. MARCO ISLAND FL 33937	231 N COLLIER BLVD.		3. Date Incorporated or Qualified				
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937			08/16/1979				
			4. FEI Number	Applied For			
			59-1922657	Not Applicable			
2. Principal Place of Business	2a. Malling Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State	City & State		7. Is this nonprofit corporation a homeowners association?				
Zip Country	Zip         Country         Zip         Count		☐ Yes 🗶 No				
24 25	29 30	ountry	This corporation owes or has paid the curre     Personal Property Tax due June 30.	ent year Intangible Yes 🔀 No			
9. Name and Address of Curi	rent Registered Agent	10. Name and Address of New Registered Agent					
8			HENNING, OWEN				
LAYTON, SUSAN J.		82 Street Addre	dress (P.O. Box Number is Not Acceptable)				
1100 DANA CT		83 847 0	847 OLD MARCO LANE				
MARCO ISLAND FL 34145		MARC	MARCO ISLAND				
		84 City	FL	85 Zip Code ライ/イデ			
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.							
(1) (/) (/)	ingations of, Section 617.0503, Florida S	DINKN	D. HENNING) 4	balaa			
Signature, typed or printed name of registered	agentum title if applicable. (NOTE Registr	ered Agent signature required	d when reinstating) DA/E	19/78			
12. OFFICERS A	AND DIRECTORS 15	ł	ADDITIONS/CHANGES TO DEFICERS AND	DIRECTORS IN 12			

			77 77 77 77 7	$C_{1}/N_{1}/N_{2}$						
SIGNATURE	Verent Klemmy	Command	er OW	END. HENNING)	4/26/98					
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE.										
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTOR	IS IN 12				
TITLE	8	DELETE	1.1 TITLE	S	Change	Addition				
NAME	TAYLOR, GEO		1.2 NAME	VIACINA S GIBSON	4					
STREET ADDRESS	278 POLYNESIA CT.		1.3 STREET ADDRESS	1281 GEL AVE						
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	MARCO ESLAND PI	3 4145					
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change	Addition				
HAME	Young, Joseph		2.2 NAME	i						
STREET ADDRESS	1282 MULLBERRY CT.		2.3 STREET ADDRESS	·						
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY-ST-ZIP							
TITLE	D	<b>DELETE</b>	3.1 TITLE	Ø	Change	Addition				
HAME	TOWER, DEUL K.		3.2 NAME	GEORGE L TAYLOR						
STREET ADDRESS	1100 DANA CT		3.3 STREET ADDRESS	278 POLYNESIA CT						
CITY-ST-ZIP	MARCO ISLAND FL		3.4. CITY - ST - ZIP	MARCO ISLAND FI	34145					
TITLE	D	DELETE	4.1 TITLE	D	Change	Addition				
Name	Henning, Owen		4.2 NAME	WILLIAM LESCHEY						
STREET ADDRESS	1128 BALD EAGLE, APT 103		4.3 STREET ADDRESS	919 HUROW CT						
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP	MARCO ESLAND M	34145					
TITLE	D	DELETE	5.1 TITLE	P	Change     Ch	☐ Addition				
NAME	layton, Susan J.		5.2 NAME	RICHARD A BRAUN						
STREET ADDRESS	1100 DANA CT.		5.3 STREET ADDRESS	778 PELICAN CT	٠ ,					
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY-ST-ZIP	MARCO ESLAND El	34145					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
CTREET ADDRESS			e a STOCCT ADDRESS							

14. Thereby 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.

**FILED** 

May 05 1998 8:00am

Secretary of State