


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/19

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-19-2003 90222 013 ****61.25

DOCUMENT # 751082			
1. Entity Name MARATHON POWER SQUADRON, INC.			
Principal Place of Business P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050		Mailing Address P.O. BOX 500055 MARATHON FL 33050 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite/Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050		4. FEI Number 59-6152243 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name: William Heffernan Jr. Street Address (P.O. Box Number is Not Acceptable): 2975 Overseas Hwy 9703 Overseas Hwy City: Marathon FL Zip Code: 33050		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>William J. Heffernan Jr.</i>		DATE: 5-16-03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: BROWN, HAROLD STREET ADDRESS: 1500 52ND STREET, GULF CITY-ST-ZIP: MARATHON FL 33050	<input checked="" type="checkbox"/> Delete	TITLE: Commander NAME: Edward S. Winsor STREET ADDRESS: Galway Bay # C-8 CITY-ST-ZIP: Marathon, FL 33050-1893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MILLER, CARL STREET ADDRESS: 305 SOMBRERO BLVD CITY-ST-ZIP: MARATHON FL 33050	<input checked="" type="checkbox"/> Delete	TITLE: Executive NAME: Ralph A. Magnotti D STREET ADDRESS: 201 Stirrup Key Blvd. CITY-ST-ZIP: Marathon, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: ABSTEN, GREGORY STREET ADDRESS: 9430 30TH STREET CITY-ST-ZIP: MARATHON FL 33050	<input checked="" type="checkbox"/> Delete	TITLE: Administrator NAME: Gail Cortelyou D STREET ADDRESS: 30 Sadowski Causeway CITY-ST-ZIP: Key Colony Beach, FL 33051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: CORTELYOU, GAIL STREET ADDRESS: 30 SADOWSKI CAUSEWAY CITY-ST-ZIP: KEY COLONY BEACH FL 33051	<input checked="" type="checkbox"/> Delete	TITLE: Sec/Treas. NAME: Elizabeth J. Richards D STREET ADDRESS: 239 West Seaview Cr. CITY-ST-ZIP: Duck Key, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: AUCREMANNE, JOSEPH STREET ADDRESS: 518 SOMBRERO BEACH ROAD CITY-ST-ZIP: MARATHON FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Sec/Treas NAME: Elizabeth J. Richards STREET ADDRESS: 239 West Seaview Cr CITY-ST-ZIP: Duck Key, FL 33050	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Elizabeth J. Richards</i>		DATE: 2-16-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR20037 (10/02)

305-289-0635