

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90023 021 \*\*\*\*61.25

**DOCUMENT # N01000003004**

1. Entity Name

TITUSVILLE SAIL AND POWER SQUADRON, INC.



Principal Place of Business

~~3250 TREETOP DR.  
TITUSVILLE FL 32780~~

Mailing Address

~~3250 TREETOP DR.  
TITUSVILLE FL 32780~~

2. Principal Place of Business

~~KENNEDY POINT YACHT CLUB~~ 749 S. WASHINGTON AVE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

Zip

32780

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~QUIRK, EDWARD T  
3250 TREETOP DR  
TITUSVILLE FL 32780~~

7. Name and Address of New Registered Agent

Name MURPHY, BARBARA R.

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

336 PRINCETON DR.

City

OVIEDO

FL

Zip Code

32765

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

*Barbara R. Murphy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CDR  
NAME MURPHY, JERRY ☒ Delete  
STREET ADDRESS 5099 RIVERIDGE DR  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE EXD  
NAME HARTMAN, STAN ☒ Delete  
STREET ADDRESS 838 CRESTWOOD AVE  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE SED  
NAME MURPHY, FRANKLIN ☒ Delete  
STREET ADDRESS 336 PRINCETON DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE A  
NAME BARALLA, ELMER ☒ Delete  
STREET ADDRESS 336 PRINCETON DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE T  
NAME MURPHY, BARBARA ☐ Delete  
STREET ADDRESS 336 PRINCETON DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE S  
NAME BAKALLA, BARBARA ☒ Delete  
STREET ADDRESS 2031 CENTER DR.  
CITY-ST-ZIP CASSELBERRY FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CDR HARTMAN, STAN ☒ Change ☐ Addition  
NAME 838 CRESTWOOD AVE.  
STREET ADDRESS TITUSVILLE FL 32796  
CITY-ST-ZIP

TITLE EXD MURPHY, FRANKLIN ☒ Change ☐ Addition  
NAME 336 PRINCETON DR.  
STREET ADDRESS OVIEDO FL 32765  
CITY-ST-ZIP

TITLE SED MURPHY, JERRY ☒ Change ☐ Addition  
NAME 5099 RIVERIDGE DR  
STREET ADDRESS TITUSVILLE FL 32780  
CITY-ST-ZIP

TITLE A THOMPSON, GILBERT ☐ Change ☒ Addition  
NAME 3128 SIR HAMPILTON CIR.  
STREET ADDRESS TITUSVILLE FL 32780  
CITY-ST-ZIP

TITLE T MURPHY, BARBARA ☐ Change ☐ Addition  
NAME 336 PRINCETON DR.  
STREET ADDRESS OVIEDO FL 32765  
CITY-ST-ZIP

TITLE None ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Barbara R. Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04 (407)365-7349

Date

Daytime Phone #