

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05595

FILED
Apr 20, 2005
Secretary of State

Entity Name: DISTRICT 8, UNITED STATES POWER SQUADRONS, INC.

Current Principal Place of Business:

1415 TRUMAN AVENUE
KEY WEST, FL 330407251 US

New Principal Place of Business:

Current Mailing Address:

1415 TRUMAN AVENUE
KEY WEST, FL 330407251 US

New Mailing Address:

FEI Number: 59-6203038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTORINO, DIANA
2601 BARBARA DRIVE
FORT LAUDERDALE, FL 333163233 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: DOUGHERTY, THOMAS R II
Address: 1575 EUCLID AVENUE, # 501
City-St-Zip: MIAMI BEACH, FL 331393537

Title: DC () Delete
Name: HARGREAVES, NIGEL E
Address: 724 N FISCHER CIRCLE
City-St-Zip: SEBASTIAN, FL 329584623 US

Title: DEO () Delete
Name: RAY, RONALD M
Address: 4441 NE 15TH AVENUE
City-St-Zip: OAKLAND PARK, FL 333344714 US

Title: DEO () Delete
Name: SCHULKE, GLORIA
Address: 1249 LARKSPUR ST
City-St-Zip: SEBASTIAN, FL 329588847 US

Title: DT () Delete
Name: GILLETTE, WILLIAM R
Address: 1415 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 330407251 US

Title: DAO () Delete
Name: POPHAM, LEE
Address: 7101 SW 67TH AVENUE
City-St-Zip: SOUTH MIAMI, FL 331433151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: SCHULKE, GLORIA J
Address: 1249 LARKSPUR STREET
City-St-Zip: SEBASTIAN, FL 329588847 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DEO (X) Change () Addition
Name: POPHAM, LEE
Address: 7101 SW 67TH AVENUE
City-St-Zip: SOUTH MIAMI, FL 331433151 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAO (X) Change () Addition
Name: WILLIAMS, SALLY
Address: 103 LOST BRIDGE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334104469 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R GILLETTE

Electronic Signature of Signing Officer or Director

DT

04/20/2005

Date