

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90014 024 ****61.25

DOCUMENT # N06102

1. Entity Name
PORT ST. LUCIE POWER SQUADRON, INC.



40026903



01042008 Chg-NP CR2E037 (12/06)

Principal Place of Business
6598 S. US 1
PORT SAINT LUCIE, FL 34983

Mailing Address
P.O. BOX 7484
PORT ST. LUCIE, FL 34985-7484

2. Principal Place of Business - No P.O. Box #
1862 SE ELROSE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT SAINT LUCIE

City & State

4. FEI Number
59-2474992

Applied For
Not Applicable

Zip
34952

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVOE, STANLEY E
1862 S.E. ELROSE ST
PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Stanley E. Devoe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | DT | <input type="checkbox"/> Delete |
| NAME | DEVOE, STANLEY E | |
| STREET ADDRESS | 1862 SE ELROSE ST | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | |

| | | |
|----------------|----------------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | ROSEN, MARK LT/C | |
| STREET ADDRESS | 6130 NW DUKE CIR. | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34983 | |

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | WIDMAYER, DONALD P LT/C | |
| STREET ADDRESS | 1771 GULFSTREAM AVE | |
| CITY-ST-ZIP | FORT PIERCE, FL 34949 | |

| | | |
|----------------|-------------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | WIDMAYER, JUDITH S LT/C | |
| STREET ADDRESS | 1771 GULFSTREAM AVE | |
| CITY-ST-ZIP | FORT PIERCE, FL 34949 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRUHIN, ALFRED C LT/C | |
| STREET ADDRESS | 7548 US 1 #233 | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOECKLER, ANN R | |
| STREET ADDRESS | 1549 S.E. BALLENTRAE CT | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| NAME | ROSEN, MARK C | |
| STREET ADDRESS | 6130 NW DUKE CIR. | |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34983 | |

| | | |
|----------------|--------------------------|--|
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad |
| NAME | DUNLAP, MALISCHNA | |
| STREET ADDRESS | 727 SE CALMOSO DR. | |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34984 | |

| | | |
|----------------|--------------------------|--|
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad |
| NAME | VANETTEN, WALTER V. | |
| STREET ADDRESS | 1198 SE SABINA LN. | |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34983 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley E. Devoe