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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:06

DOCUMENT # N08528 (4)

1. Corporation Name

LADIES' AUXILIARY MARATHON POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
15 TREASURE ROAD MARATHON FL 33050	15 TREASURE ROAD MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2534797 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1200 JAMES AV
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 MARATHON, FL.
City & State 23	City & State 28 33050 MONROE
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAIN, GERMAINE
1200 JAMES AVE
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: GERMAINE MAIN
82 Street Address (P.O. Box Number is Not Acceptable): 1200 JAMES AV
83
84 City: MARATHON FL 85 Zip Code: 33050

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SHAFFER, MARJORIE	1.2 NAME	LANDWER, VIRGINIA
STREET ADDRESS	1700 YELLOW TAIL DRIVE	1.3 STREET ADDRESS	401 46th St. Ocean
CITY-ST-ZIP	MARATHAN FL	1.4 CITY-ST-ZIP	MARATHON FL. 33050
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BRADY, EDITH B	2.2 NAME	MARLIN BARBARA
STREET ADDRESS	7760 AVIATION BLVD	2.3 STREET ADDRESS	197 Indies Drive
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	Duck Key - Fla. 33050
TITLE	SD	3.1 TITLE	S.D. ☐ Change ☐ Addition
NAME	BROOKS, DEE	3.2 NAME	BROOKS DEE
STREET ADDRESS	415 SOMBRERO BLVD	3.3 STREET ADDRESS	415 Sombrero Blvd
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	MARATHON FL 33050
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	MAIN, GERMAINE	4.2 NAME	MAIN, GERMAINE
STREET ADDRESS	1200 JAMES AVE	4.3 STREET ADDRESS	1200 JAMES AV
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	MARATHON FL 33050
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Germaine Main Germaine Main 1-27-95 (305) 743-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030280