

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15650

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: TAMPA POWER SQUADRON, INC.

## Current Principal Place of Business:

% RICHARD A HOLCOMB  
3903 VERSAILLES DR  
TAMPA, FL 336347492

## New Principal Place of Business:

## Current Mailing Address:

% RICHARD A HOLCOMB  
3903 VERSAILLES DR  
TAMPA, FL 336347492

## New Mailing Address:

FEI Number: 59-6152364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLCOMB, RICHARD A  
3903 VERSAILLES DR  
TAMPA, FL 336347492 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: D ( ) Delete  
Name: RYAN, BROWN C  
Address: 15501 BRUCE B DOWNS BLVD 3702  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: LAYE, CHARLES L  
Address: 3225 S MACDILL AVE SUITE 129-235  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: MULLINS, ALTA M  
Address: 4421 S LANIER DRIVE  
City-St-Zip: TAMPA, FL 336161403

Title: D ( ) Delete  
Name: THOMPSON, THOMAS C  
Address: 17206 WHIRLEY RD  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: ORR, JOHN A III  
Address: 425 SOUTH 50TH STREET  
City-St-Zip: TAMPA, FL 33619

Title: TD ( ) Delete  
Name: THOMPSON, LINDA C  
Address: 17206 WHIRLEY RD  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RYAN, BROWN C  
Address: 8415 MAY STREET  
City-St-Zip: TAMPA, FL 33614 17

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALTA M. MULLINS

SD

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date