

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 31, 2006  
Secretary of State

DOCUMENT# N22139

Entity Name: HOMESTEAD POWER SQUADRON, INC.

**Current Principal Place of Business:**

100 N.W. 7 STREET  
P.O. BOX 0036  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 900036  
HOMESTEAD, FL 330900036

**New Mailing Address:**

FEI Number: 59-1148082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COSTELLO, THOMAS P.  
15350 S.W. 271 STREET  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

COLEMAN, BRIAN L RA  
28120 SW 159 AVE  
HOMESTEAD, FL 33030 US

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: BRIAN L. COLEMAN

08/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COSTELLO, THOMAS P.,  
Address: 15350 S.W. 271 STREET  
City-St-Zip: HOMESTEAD, FL

Title: D ( ) Delete  
Name: ALLEN, EVERETT,  
Address: 16711 SW 299 ST  
City-St-Zip: HOMESTEAD, FL

Title: D ( ) Delete  
Name: BIRNEY S. LAYSON,  
Address: 29200 SW 185 CT  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: CARLA D. WIGGINS,  
Address: 111 NW 19 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COLEMAN, BRIAN L RA  
Address: 28120 SW 159 AVE  
City-St-Zip: HOMESTEAD, FL 33033 11

Title: D (X) Change ( ) Addition  
Name: ALLEN, EVERETT  
Address: 16711 SW 299 ST  
City-St-Zip: HOMESTEAD, FL

Title: D (X) Change ( ) Addition  
Name: LAYSON, BIRNIE P  
Address: 29200 SW 185 CT  
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Change ( ) Addition  
Name: WIGGINS, CARLA D  
Address: 111 NW 19 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Change (X) Addition  
Name: BARDSLEY, MARY C  
Address: 600 NE 13 ST  
City-St-Zip: HOMESTEAD, FL 33030 48

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLA D WIGGINS

D

08/31/2006

Electronic Signature of Signing Officer or Director

Date