

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 18, 2007
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:

100 N.W. 7 STREET
HOMESTEAD, FL 33030 US

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:

COLEMAN, BRIAN L RA
28120 SW 159 AVE
HOMESTEAD, FL 33030 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: COLEMAN, BRIAN L RA
Address: 28120 SW 159 AVE
City-St-Zip: HOMESTEAD, FL 33033 11

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARLA D WIGGINS

D

06/18/2007

Electronic Signature of Signing Officer or Director

Date