

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22139

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** HOMESTEAD POWER SQUADRON, INC.

**Current Principal Place of Business:**

100 N.W. 7 STREET  
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 ( )**

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

Title: D  
Name: HAMKER, LEONARD  
Address: 520 NW 9TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

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

Title: D  
Name: FUREY, JOHN F  
Address: 445 SE 24 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

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

Title: D  
Name: FUREY, JENNIFER  
Address: 445 SE 24 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER FUREY

D

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date