

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 11:19

DOCUMENT # N37914

(1)

1. Corporation Name

ORMOND BEACH SENIOR SQUADRON, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3021313** 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

Principal Place of Business		Mailing Address	
1. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip	Country	28. Zip	Country
24. Zip	Country	29. Zip	Country

9. Name and Address of Current Registered Agent

**ANDREWS, THOMAS W
80 BIG BUCK TRAIL
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BASHORE, ROBERT	1.2 NAME	
STREET ADDRESS	124 IBIS COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, JERI	2.2 NAME	
STREET ADDRESS	1408 ALABAMA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLY HILL FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	VON BERNEWITZ, B.F.	3.2 NAME	
STREET ADDRESS	3153 WHISPER BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MOTT, JOHN T.	4.2 NAME	
STREET ADDRESS	2127 JOHN ANDERSON DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KRAFT, MICHAEL L	5.2 NAME	
STREET ADDRESS	248 TIMBERLINE TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, THOMAS	6.2 NAME	
STREET ADDRESS	80 BIG BUCK TRAIL	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	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)(k), 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: Jeri Webster

Jeri Webster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 April, 1995 (904) 672-1390

Date

Telephone #