FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42013** **(5)**

1. Corporation Name

APOLLO BEACH POWER SQUADRON INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
APOLLO BEACH RESCUE SQUAD MILLER MACK ROAD APOLLO BEACH FL 33572	P.O. BOX 3706 APOLLO BEACH FL 33572

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2910390 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Dolphin House	26
Suite, Apt. #, etc. 22 Gran Kayman	Suite, Apt. #, etc. 27
City & State 23 Apollo Beach, Fl.	City & State 28
Zip / Country 24 33572 25 Hillsboro	Zip / Country 29 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HABERL, ANGELA T 6514 BIMINI CT. APOLLO BEACH FL 33572	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: Angela T. Haberl — 4-18-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~HELTON, JERRY K.~~	1.2 NAME	Goodman,Gerald R.	
STREET ADDRESS	~~7402 ALAFIA DR.~~	1.3 STREET ADDRESS	953 Symphony Isles Blvd.	
CITY-ST-ZIP	~~RIVERVIEW FL~~	1.4 CITY-ST-ZIP	~~Apollo Beach,FL.~~	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~GOODMAN, GERALD~~	2.2 NAME	Hintze,Robert E.	
STREET ADDRESS	~~953 SYMPHONY ISLES ROAD~~	2.3 STREET ADDRESS	835 Birdie Way	
CITY-ST-ZIP	~~APOLLO FL~~	2.4 CITY-ST-ZIP	Apollo Beach,FL.	
TITLE	~~SD~~	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~BIRD, CHARLES~~	3.2 NAME	Freeman,James	
STREET ADDRESS	~~691 APOLLO BEACH BLVD.~~	3.3 STREET ADDRESS	11206 Hobart CT.	
CITY-ST-ZIP	~~APOLLO BEACH FL~~	3.4 CITY-ST-ZIP	Seffner,FL.	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HABERL, ANGELA	4.2 NAME		
STREET ADDRESS	6514 BIMINI CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Angela T. Haberl — Angela T. Haberl — 4-18-95 — 813-641-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/1911