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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42013** (5)

1. Corporation Name

APOLLO BEACH POWER SQUADRON INC.

Principal Place of Business

Mailing Address

PO BOX 3706
GRAN KAYMAN
APOLLO BEACH FL 33572
US

P.O. BOX 3706
APOLLO BEACH FL 33572-3706



3. Date Incorporated or Qualified
02/11/1991

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 **Calvary Evangelical Church**

26 Suite, Apt. #, etc.

22 **5309 US Hwy 41 N**

27 City & State

23 **Apollo Beach, FL**

28 City & State

24 **33572** 25 **US**

29 **33572** 30 **US**

4. FEI Number
59-2910390

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Angela T. Haberl

4-17-97

Signature typed 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	<input checked="" type="checkbox"/> DELETE
NAME	HINTZE, ROBERT E.	
STREET ADDRESS	835 BIRDIE WAY	
CITY - ST - ZIP	APOLLO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, GEORGE L.	
STREET ADDRESS	925 SPINDLE PALM WAY	
CITY - ST - ZIP	APOLLO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, CHARLES	
STREET ADDRESS	831 APOLLO BEACH BLVD	
CITY - ST - ZIP	APOLLO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HABERL, ANGELA	
STREET ADDRESS	6514 BIMINI CT.	
CITY - ST - ZIP	APOLLO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lawrence, George L.	
1.3 STREET ADDRESS	925 Spindle Palm Way	
1.4 CITY - ST - ZIP	Apollo Beach, FL 33572	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cornell, Edward L.	
2.3 STREET ADDRESS	12111 Clearbrook Ct.	
2.4 CITY - ST - ZIP	Riverview, FL 33569	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Helton, Joyce A.	
3.3 STREET ADDRESS	7402 Alafia Dr.	
3.4 CITY - ST - ZIP	Riverview, FL 33569	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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** **4-17-97** **813-641-2232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0046360**

CR2E037 (9/96)