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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**CALVARY EVANGELICAL CHURCH
5308 US HWY 41 N
APOLLO BEACH FL 33572
US**

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



3. Date Incorporated or Qualified

02/11/1991

4. FEI Number

59-2910390

Applied For

Not Applicable

2. 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

25

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Haberl, Angela T.

82 Street Address (P.O. Box Number is Not Acceptable)

11322 Blackback Dr.

83

84 City

Riverview

FL

85 Zip Code

33569

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

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** ☒ DELETE
NAME **LAWRENCE, GEORGE T**
STREET ADDRESS **925 SPINDLE PALM WAY**
CITY-ST-ZIP **APOLLO BEACH FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Cornell, Edward L.**
1.3 STREET ADDRESS **12111 Clearbrook Ct.**
1.4 CITY-ST-ZIP **Riverview, Fl. 33569**

TITLE **VD** ☒ DELETE
NAME **CORNELL, EDWARD T**
STREET ADDRESS **12111 CLEARBROOK CT.**
CITY-ST-ZIP **RIVERVIEW FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Pfuhler, John L.**
2.3 STREET ADDRESS **806 Chipaway Dr.**
2.4 CITY-ST-ZIP **Apollo Beach, Fl. 33572**

TITLE **SD** ☒ DELETE
NAME **HELTON, JOYCE A**
STREET ADDRESS **7402 ALAFIA DR.**
CITY-ST-ZIP **RIVERVIEW FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Bird, Charles**
3.3 STREET ADDRESS **631 Apollo Beach Blvd**
3.4 CITY-ST-ZIP **Apollo Beach, Fl. 33572**

TITLE **TD** ☐ DELETE
NAME **HABERL, ANGELA**
STREET ADDRESS **6514 BIMINI CT.**
CITY-ST-ZIP **APOLLO BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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** **Angela T. Haberl** **4-23-98** **813-671-3747**

CR2E037 (10/97)