

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42013

1. Corporation Name

APOLLO BEACH POWER SQUADRON INC.

Principal Place of Business

CALVARY EVANGELICAL CHURCH
5309 US HWY 41 N
APOLLO BEACH FL 33572
US

Mailing Address

P.O. BOX 3706
APOLLO BEACH FL 33572

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 039 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/11/1991

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

9. Name and Address of Current Registered Agent

HABERL, ANGELA T
11322 BLACKBARK DR
RIVERVIEW FL 33569

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 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

TITLE ☒ DELETE

NAME **CORNELL, EDWARD T**
STREET ADDRESS **12111 CLEARBROOK CT**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☒ DELETE

NAME **PFUHLER, JOHN L**
STREET ADDRESS **808 CHIPAWAY DR**
CITY-ST-ZIP **APOLLO BCH FL 33572**

TITLE ☒ DELETE

NAME **BIRD, CHARLES**
STREET ADDRESS **631 APOLLO BEACH BLVD**
CITY-ST-ZIP **APOLLO BCH FL 33572**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PFUHLER, John L**
1.3 STREET ADDRESS **806 Chipaway Dr**
1.4 CITY-ST-ZIP **Apello Bch, FL 33572**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Bier, martha**
2.3 STREET ADDRESS **705 Flamingo Dr**
2.4 CITY-ST-ZIP **Apello Bch, FL 33572**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Blanton, Randy**
3.3 STREET ADDRESS **6514 Bimini Ct**
3.4 CITY-ST-ZIP **Apello Bch, FL 33572**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

Angela T. Haberl **Angela T. Haberl** 5/7/99 813-671-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)