

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90007 016 ****61.25

DOCUMENT # N42013

1. Entity Name
APOLLO BEACH SAIL AND 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102003

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2910390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HELTON, SUE
7402 ALAFIA DR.
RIVERVIEW, FL 33569~~

7. Name and Address of New Registered Agent

Name **TRACY PRITCHARD**

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

903 SAGO PALM WAY

City **APOLLO BEACH**

FL

Zip Code
33572

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **WISE, LEO**
STREET ADDRESS **915 CHIPAWAY DR.**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **VD** ☒ Delete
NAME **BLANTON, RANDY**
STREET ADDRESS **6627 DOLPHIN COVE DR.**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **SD** ☐ Delete
NAME **HELTON, JERRY**
STREET ADDRESS **7402 ALAFIA DR.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **TD** ☒ Delete
NAME **HELTON, JOYCE**
STREET ADDRESS **7402 ALAFIA DR.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HELTON, JOYCE**
STREET ADDRESS **7402 ALAFIA DR.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **VD** ☐ Change ☒ Addition
NAME **MCCARTHY, DANIEL**
STREET ADDRESS **6822 MONARCH PARK DR.**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **TD** ☐ Change ☒ Addition
NAME **PRITCHARD, TRACY**
STREET ADDRESS **903 SAGO PALM WAY**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY PRITCHARD

5/16/04

(813) 645-0083

Date

Daytime Phone #