

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 040 ****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		Country		Country	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELRICK, RALPH R 1308 CRYSTAL GREENS DR. SUN CITY CENTER FL 3357-3				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELTON, JOYCE 7402 ALAFIA DR RIVERVIEW FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, DANIEL 6822 MONARCH PARK DR APOLLO BEACH FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCARTHY, DANIEL 6822 MONARCH PARK DR. APOLLO BEACH FL 33572		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWRENCE, GEORGE 215 PORT ROYAL LANE SOUTH APOLLO BEACH, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELTON, JERRY 7402 ALAFIA DR. RIVERVIEW FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP CORREIA, EDUARDO 2331 SHELL FALLS DR APOLLO BEACH FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELRICK, RALPH R 1308 CRYSTAL GREENS DR. SUN CITY CENTER FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELRICK, RALPH 1308 CRYSTAL GREENS DR SUN CITY CENTER, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINTZE, ROBERT E 835 BIRDIE WAY APOLLO BEACH FL 33572		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINTZE, ROBERT 9605 GREEN BANK DR River view FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Leo Wise 915 Chipaway Dr Apello Beach FL 33572	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Ralph R Elrick TD</u> <u>Ralph R Elrick</u> <u>4/10/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Mr. Ralph R. Elrick
 1308 Crystal Greens Dr.
 Sun City Ctr, FL 33573-4421

E-mail Ralphrelrick@cs.com
 (813) 633-9452