
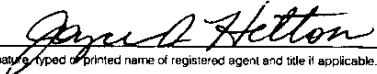
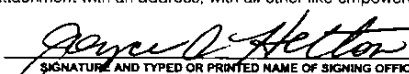


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 021 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2910390	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. 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 33573				Name JOYCE A. HELTON Street Address (P.O. Box Number is Not Acceptable) 7402 ALAFIA DRIVE City RIVERVIEW FL Zip Code 33578	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		JOYCE A. HELTON, TREAS. <small>(NOTE: Registered Agent signature required when reinstating)</small>		7/20/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, DANIEL		NAME	RONALD CARFORD	
STREET ADDRESS	6822 MON ARCH PRK DR		STREET ADDRESS	911 BIRDIE WAY	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, GEORGE		NAME		
STREET ADDRESS	215 PORT ROYAL LN S		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELRICK, RALPH R		NAME	JOYCE A. HELTON	
STREET ADDRESS	1308 CRYSTAL GREENS DR		STREET ADDRESS	7402 ALAFIA DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	RIVERVIEW FL 33578	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINTZE, ROBERT E		NAME	EDWARD L CORNELL	
STREET ADDRESS	9605 GREEN BANK DR		STREET ADDRESS	233 SHELL FALLS DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	SP	<input checked="" type="checkbox"/> Delete	TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, LEO		NAME	JACKIE FREEMAN	
STREET ADDRESS	915 CHIPWAY DR		STREET ADDRESS	11206 HOBART COURT	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		JOYCE A. HELTON 7/20/07 813-677-0037 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			