

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90024 042 ****70.00

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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HELTON, JOYCE A 7402 ALAFIA DRIVE RIVERVIEW, FL 33578				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARFORD, RONALD		NAME	HELTON, JERRY	
STREET ADDRESS	911 BIRDIE WAY		STREET ADDRESS	7402 ALAFIA DRIVE	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	RIVERVIEW, FL 33578	
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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELTON, JOYCE		NAME		
STREET ADDRESS	7402 ALAFIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33578		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELL, EDWARD L		NAME		
STREET ADDRESS	233 SHELL FALLS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, JACKIE		NAME		
STREET ADDRESS	11206 HOBART COURT		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
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: <i>Joyce A Helton</i> JOYCE A HELTON					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/23/08 Daytime Phone # 813-677-0037	

40013300



01232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2910390

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

FL Zip Code