

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90668 026 ****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

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

BLANTON, SUE
6627 DOLPHIN COVE
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

Joyce Helton

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

7402 Alafia Dr

City

Riverview

FL

Zip Code

33569

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

Sue C Blanton

3-8-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	PALMER, ROBERT	
STREET ADDRESS	232 ST GEORGE CIR N	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WISE, LEO	
STREET ADDRESS	915 CHIPAWAY DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNEALY, JOHN	
STREET ADDRESS	430 ISLAND CAY WAY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, SUE	
STREET ADDRESS	6627 DOLPHIN COVE DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Wise	
STREET ADDRESS	915 Chipaway Dr	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Blanton	
STREET ADDRESS	6627 Dolphin Cove Dr	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Helton	
STREET ADDRESS	7402 Alafia Dr	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Helton	
STREET ADDRESS	7402 Alafia Dr	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sue C Blanton

REQUIRED

Sue C Blanton

3-8-03

813-645-7997

CR2E037 (10/02)