

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 037 ****61.25

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DOCUMENT # N46461 1. Entity Name SARASOTA POWER SQUADRON, INC.					
Principal Place of Business 2814 HYDE PARK ST. SARASOTA, FL 34239 US			Mailing Address 2814 HYDE PARK ST. SARASOTA, FL 34239 US		
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 59-6134945	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBSON, NORMAN E. 240 SOUTH PINEAPPLE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	MD ROBINSON, SUE D 3149 57TH AVE CIRCLE BRADENTON, FL 34203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIST, DOUGLAS 4725 SWEET MEADOW CIRCLE SARASOTA FL 34238	
		<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD PRICE, EDWIN F 1415 HARBOR DR SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD	
		<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCH, EDWARD J JR 5145 COTE DU RHONE WAY SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGUST, INGE 8061 VIA FLORE SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZCURRA, GERARD 5136 CALLE MINORGA SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLYNN GLYNN, CHARLES W. JR. 4927 RUTLAND GATE SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLYNN, CHARLES W JR.	
		<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/06 <small>Date</small>		941 349 1000 <small>Daytime Phone #</small>