

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 22 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N98000007389 1. Entity Name HARRIS CHAIN POWER SQUADRON, INC.			
Principal Place of Business 407 DELMAR DRIVE THE VILLAGES, FL 32159		Mailing Address 8490 SE 167TH FORSYTH ST THE VILLAGES, FL 32162 P.O. Box 493304 Leesburg, FL 34748	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3549272		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 CARLSON, V.R. 8490 SE 167TH FORSYTH ST THE VILLAGES, FL 32162 (Deceased) JOSEPH RZEWUSKI 407 DEL MAR DR LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name <u>Joseph Rzewski</u> Street Address (P.O. Box Number is Not Acceptable) <u>407 Del Mar Drive</u> City <u>Villages</u> FL Zip Code <u>32159</u>	
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 <u>Joseph Rzewski</u>		DATE <u>9-5-06</u>	
Amended AR is \$61.25		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	ST CARLSON, V.R. 8490 SE 167TH FORSYTH ST THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEDO DUSER, ART 3100 LAMREL DRIVE MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RZEWUSKI, JOSEPH T 407 DLEMAR DRIVE THE VILLAGES, FL 32159	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SADO GORDON, WENDY 9909 SANTA BARBARA CT HOWEY IN THE HILLS, FL 34737	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEPTING, DAVID 929 ROYAL OAK BLVD LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEDO MICHAEL WEDGE 1644 LOVES POINT DR LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Joseph Rzewski</u>		Date <u>9-5-06</u> Daytime Phone # <u>752-753-7524</u>	

JC 9/27