
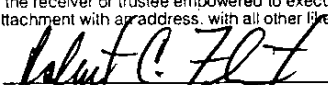


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90028 048 \*\*\*\*61.25

<b>DOCUMENT # N99000006191</b> 1. Entity Name DISTRICT 23, UNITED STATES POWER SQUADRONS, INC.																																																																																																																							
Principal Place of Business 671 SAUSALITO BOULEVARD CASSELBERRY, FL 32707			Mailing Address 671 SAUSALITO BOULEVARD CASSELBERRY, FL 32707																																																																																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 59-6200184																																																																																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
6. Name and Address of Current Registered Agent  FLINT, ROBERT C 671 SAUSALITO BOULEVARD CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____																																																																																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">838 CRESTWOOD AVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1457 MAKARIOS DR</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TITUSVILLE, FL 32796</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ST. AUGUSTINE, FL 32080</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CLARK, DONALD C</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">11570 SW 69TH CIR</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">REICHERT, PAUL</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">FRUDA, KIM</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">891 SNOOR AVE</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">835 N. RIDGEWOOD AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">BECKER, ROBERT</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">405 COACH RD</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS				11. DIRECTORS IN 10		TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	838 CRESTWOOD AVE		STREET ADDRESS	1457 MAKARIOS DR		CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CLARK, DONALD C		STREET ADDRESS			CITY-ST-ZIP	11570 SW 69TH CIR		CITY-ST-ZIP			TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	REICHERT, PAUL		STREET ADDRESS	FRUDA, KIM		CITY-ST-ZIP	891 SNOOR AVE		CITY-ST-ZIP	835 N. RIDGEWOOD AVE		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	BECKER, ROBERT		STREET ADDRESS			CITY-ST-ZIP	405 COACH RD		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS				11. DIRECTORS IN 10																																																																																																																			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS	838 CRESTWOOD AVE		STREET ADDRESS	1457 MAKARIOS DR																																																																																																																			
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	ST. AUGUSTINE, FL 32080																																																																																																																			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS	CLARK, DONALD C		STREET ADDRESS																																																																																																																				
CITY-ST-ZIP	11570 SW 69TH CIR		CITY-ST-ZIP																																																																																																																				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS	REICHERT, PAUL		STREET ADDRESS	FRUDA, KIM																																																																																																																			
CITY-ST-ZIP	891 SNOOR AVE		CITY-ST-ZIP	835 N. RIDGEWOOD AVE																																																																																																																			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS	BECKER, ROBERT		STREET ADDRESS																																																																																																																				
CITY-ST-ZIP	405 COACH RD		CITY-ST-ZIP																																																																																																																				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
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.																																																																																																																							
<b>SIGNATURE:</b> 				ROBERT C. FLINT																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3/30/08 Daytime Phone: 407-491-0311																																																																																																																			