

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714016

Entity Name: FORT WALTON SAIL AND POWER SQUADRON OF UNITED STATES POWER SQUADRON, INC.**Current Principal Place of Business:**214 MIRACLE STRIP PARKWAY SW
A105
FORT WALTON BEACH, FL 32548**Current Mailing Address:**P.O. BOX 1461
FORT WALTON BEACH, FL 32549**FEI Number: 71-4016560****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERCAK, KAREN L
214 MIRACLE STRIP PARKWAY SW
A105
FORT WALTON BEACH, FL 32548 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title TREASURER, LT. COMMANDER
Name KNELLER, SUSAN
Address 208 CALLHOUN AVENUE
City-State-Zip: DESTIN FL 32541Title PRESIDENT, COMMANDER
Name MORGAN, RAY C
Address 202 SNUG HARBOR DRIVE
City-State-Zip: SHALIMAR FL 32579Title SECRETARY, LT. COMMANDER
Name REYNOLDS, LYNNE
Address 4323 AMERICAN POETS DRIVE
City-State-Zip: NICEVILLE FL 32578Title VP, LT. COMMANDER
Name HARDY, WILLIAM
Address 321 BREAM AVENUE
 UNIT 603
City-State-Zip: FORT WALTON BEACH FL 32548Title DIRECTOR, ADMINISTRATIVE
 OFFICER
Name GERCAK, KAREN L
Address 214 MIRACLE STRIP PARKWAY SW
 A105
City-State-Zip: FORT WALTON BEACH FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN L. GERCAK**DIRECTOR****03/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date