2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2013
Secretary of State
CC1739688664

DOCUMENT# N22139

Entity Name: HOMESTEAD POWER SQUADRON, INC.

Current Principal Place of Business:

100 N.W. 7 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

P.O. BOX 900036
HOMESTEAD, FL 33090-0036

FEI Number: 59-1148082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, BRIAN LRA
28120 SW 159 AVE
HOMESTEAD, FL 33030 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	COMMANDER
Name	COLEMAN, BRIAN LRA
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090-0036

Title	D
Name	BARDSLEY, MARY C
Address	600 NE 13 ST
City-State-Zip:	HOMESTEAD FL 33030

Title	ADMINISTRATIVE OFFICER
Name	BRINLEY, ROBERT
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090-0036

Title	SECRETARY
Name	SHIFFER, JOEL ANN
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090-0036

Title	PAST COMMANDER
Name	BENSMAN, JON
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090

Title	CFO
Name	JONES, LOU
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090-0036

Title	CEO
Name	SHIFFER, BROCK
Address	P.O. BOX 900036
City-State-Zip:	HOMESTEAD FL 33090-0036

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: ROBERT BRINLEY — ADMINISTRATIVE OFFICER — 02/22/2013

Electronic Signature of Signing Officer/Director Detail — Date