

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90200 036 ****61.25

DOCUMENT # 722735 1. Entity Name FLOTILLA 92 NORTH PORT, INC.					
Principal Place of Business MARINA PARK, CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT, FL 34287			Mailing Address MARINA PARK, CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT, FL 34287		
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 59-1458960				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANCOCK, DAVID R 2527 PORTAGO LN. NORTH PORT, FL 34286			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. David R Hancock, Agent SIGNATURE <i>David R. Hancock</i> Signature typed or printed name of registered agent and title if applicable April 18, 2006 DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	DALY, FRANCIS H	☒	NAME	Hancock, David R	☒
STREET ADDRESS	111 CARLISLE AV NW		STREET ADDRESS	2527 Portago Ln	
CITY-ST-ZIP	PT CHARLOTTE, FL 33952		CITY-ST-ZIP	North Port, FL 34286	
TITLE	VD	☐ Delete	TITLE	VD LeBlanc, paul J	☒ Change ☐ Addition
NAME	HANCOCK, DAVID R	☒	NAME	2304 Pellam Blvd	
STREET ADDRESS	2527 PORTAGO LN		STREET ADDRESS	Port Charlotte, FL 33948	
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	TD Ward, Bradley W	☒ Change ☐ Addition
NAME	KAPP, JANICE	☒	NAME	24325 Harborview Rd 7D	
STREET ADDRESS	5114 PALENA BLVD		STREET ADDRESS	Port Charlott, FL 33980	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	S LeBlanc, Denise A	☒ Change ☐ Addition
NAME	ROTHSCHILD, NORVIN	☒	NAME	2304 Pellam Blvd	
STREET ADDRESS	6477 OTIS ROAD		STREET ADDRESS	Port Charlotte, FL 33948	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE	TR Souder, John S	☒ Change ☐ Addition
NAME	SOUDER, JOHN	☒	NAME	6978 Pan American Blvd	
STREET ADDRESS	6978 PAN AMERICAN BLVD		STREET ADDRESS	North Port, FL 34287	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE	TR Daly, Francis H	☒ Change ☐ Addition
NAME	PELKEY, JOHN L	☒	NAME	111 Carlise Ave NW	
STREET ADDRESS	6628 KENWOOD DRIVE		STREET ADDRESS	Port Charlotte, FL 33952	
CITY-ST-ZIP	NORTH PORT, FL 34287		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: David R Hancock, Commander SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			21 Apr 06 Date		
			941 223-5142 Daytime Phone #		