2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State
06-26-2001 90004 021 ****70.00

DOCUMENT # 767666

1. Entity Name
MARITIME COLLEGE ALUMNI ASSOCIATION FLORIDA CENTENNIAL CHAPTER, INC.

Principal Place of Business	Mailing Address
501 SHERBURN COURT ORLANDO FL 32828 US	501 SHERBURN COURT ORLANDO FL 32828 US

A00074780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1347 HERITAGE ACRES BLVD	1347 HERITAGE ACRES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCKLEDGE, FL	City & State: ROCKLEDGE, FL
Zip: 32955 Country: US	Zip: 32955 Country: US

4. FEI Number: 59-1281848 ☐ 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
GARVEY, DARRELL D. 501 SHERBURN COURT ORLANDO FL 32828	Name: THOMAS S. THOMAS Street Address (P.O. Box Number is Not Acceptable): 1347 HERITAGE ACRES BLVD City: ROCKLEDGE FL Zip Code: 32955

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.

SIGNATURE: Thomas S. Thomas THOMAS S. THOMAS PRESIDENT/DIRECTOR 06-21-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARVEY, DARRELL D 501 SHERBURN COURT ORLANDO, FL 32828	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, THOMAS 1847 HERITAGE ACRES BLVD ROCKLEDGE, FL 32955	☐ Delete	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEIGER, RICHARD P.O. BOX 410411 SUNRISE, FL 32941-0411	☐ Delete	S.T.D 199 KINGS WAY SATELITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER, PERRY 1160 NORTH COCOA BLVD, APT 101 COCOA, FL 32927	☐ Delete	VD 102 RIVERSIDE DRIVE, APT 102 COCOA, FL 32922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOYCE, DONALD 3710 SCHEFFLERA DRIVE NORTH FORT MYERS FL 33917	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas S. Thomas THOMAS S. THOMAS 06-21-2001 (321) 633-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #