

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011949

FILED
Apr 14, 2009
Secretary of State

Entity Name: SEA BASE ALUMNI & FRIENDS ASSOCIATION, INC.

Current Principal Place of Business:

73800 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

73800 OVERSEAS HWY
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 01-0847424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, NANCY
73800 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: DOSSER, JAMES B
Address: 1719 POWER BRANCH ROAD
City-St-Zip: JOHNSON CITY, TN 37601

Title: D () Delete
Name: TAGLIARENI, MARY
Address: 32 PARK RD
City-St-Zip: ISLAMORADA, FL 33036

Title: DS () Delete
Name: GILL, DAN
Address: 661 SHAKESPEARE DRIVE
City-St-Zip: GRAYSLAKE, IL 60030

Title: DT () Delete
Name: WAMPLER, SHARON
Address: 129 NAUTILUS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: WELLS, NANCY
Address: 40 HIGH POINT RD
City-St-Zip: PLANTATION KEY, FL 33070

Title: DVC () Delete
Name: TURBIN, ROGER DR.
Address: 316 BEAUFORT AVENUE
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEEN, AMY
Address: 100 QUARTERHORSE COURT
City-St-Zip: LIBERTY HILL, TX 78642

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY A. WELLS

DR

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date