

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 NOV -6 AM 10:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N15696 (0)  
 1. Corporation Name  
 THE SOUTHERNMOST CHAPTER OF THE UNITED STATES CO  
 AST GUARD CHIEF PETTY OFFICERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 SOUTHERN MOST CPOA USCG GROUP KEY WEST  
 KEY WEST FL 33040 SOUTHERN MOST CPOA  
 USCG GROUP KEY WEST  
 KEY WEST FL 33040

3. Date Incorporated or Qualified  
 07/02/1986  
 4. FEI Number  
 52-1268687 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be  
 Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  
 Yes  No  
 8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
 LAUSEN, GEORGE L  
 USCG GROUP KEY WEST  
 KEY WEST FL 33040

10. Name and Address of New Registered Agent  
 81 Name JOHN D. WHIDDON II  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 USCG GROUP Key West  
 83  
 84 City Key West FL 85 Zip Code 33040

11. Pursuant to the provisions of sections 617.0902 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 617.0503, Florida Statutes.  
 SIGNATURE: [Signature] DATE: 11-05-98  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KENT, LAUREL	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHIDDON, JOHN	
STREET ADDRESS	USCG GROUP KEY WEST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BERGLUND, WILLIAM	
STREET ADDRESS	USCG GROUP KEY W	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAUSEN, GEORGE II	
STREET ADDRESS	USCG GROUP KEY W	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN D. WHIDDON II	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREASURER / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL J. WALTER	
2.3 STREET ADDRESS	USCG GROUP Key West	
2.4 CITY-ST-ZIP	Key West, FL 33040	
3.1 TITLE	SECRETARY / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KURT E. Steiner	
3.3 STREET ADDRESS	USCG GROUP Key West	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	700002687277--3	
4.4 CITY-ST-ZIP	-11/13/98--01074--008	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	*****81.25 *****81.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	11-05-98	
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: [Signature] DATE: 10-26-98 (305) 972-8871  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)