

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90004 036 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15696**

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

5 590230-90004-36



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/02/1986

22 City & State

27 City & State

4. FEI Number

Applied For

52-1268687

Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 25 29 30

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHIDDON, JOHN D  
 USCG GROUP KEY WEST  
 KEY WEST FL 33040

81 Name **MICHAEL J. WALTER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**USCG GROUP KEY WEST**  
**TRUMBO POINT ANNEX**  
 84 City **KEY WEST** FL 85 Zip Code  
**33040**

11. Pursuant to the provisions of Sections 617.0502 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 *Michael J. Walter* **MICHAEL J. WALTER, TREASURER**

7/6/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **WHIDDON, JOHN D**  
 STREET ADDRESS **USCG GROUP KEY WEST**  
 CITY-ST-ZIP **KEY WEST FL 33040**

1.1 TITLE  Change  Addition  
 1.2 NAME **BUETTNER, SCOTT D.**  
 1.3 STREET ADDRESS **USCG GROUP KEY WEST**  
 1.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE  DELETE  
 NAME **WALTER, MICHAEL**  
 STREET ADDRESS **USCG GROUP KEY WEST**  
 CITY-ST-ZIP **KEY WEST FL 33040**

2.1 TITLE  Change  Addition  
 2.2 NAME **VD GREEN, RONALD M.**  
 2.3 STREET ADDRESS **USCG GROUP KEY WEST**  
 2.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE  DELETE  
 NAME **SD STEINER, KURT E**  
 STREET ADDRESS **USCG GROUP KEY W**  
 CITY-ST-ZIP **KEY WEST FL 33040**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *Michael J. Walter* **MICHAEL J. WALTER, TREASURER** 7/6/99 (305) 292-7506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0014221