



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90080 038 ****61.25

DOCUMENT # N15696					
1. Entity Name THE SOUTHERNMOST CHAPTER OF THE UNITED STATES COAST GUARD CHIEF PETTY OFFICERS ASSOCIATION, INC.					
Principal Place of Business SOUTHERN MOST CPOA USCG GROUP KEY WEST KEY WEST, FL 33040		Mailing Address SOUTHERN MOST CPOA USCG GROUP KEY WEST KEY WEST, FL 33040		50061563 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 52-1268687	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWRENCE, MARK J USCG GROUP KEY WEST TRUMBO ROAD KEY WEST, FL 33040				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGELKEN, WILLIAM E		NAME	TSCHANTZ-HAHN, JANINE M	
STREET ADDRESS	USCG GROUP KEY WEST		STREET ADDRESS	USCG STATION	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSCHANTZ-HAHN, JANINE M		NAME	BORDERS, MATTHEW O.	
STREET ADDRESS	USCG GROUP KEY WEST		STREET ADDRESS	USCG SECTOR	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, MARK J		NAME	CAICEDO JOHN H.	
STREET ADDRESS	USCG GROUP KEY WEST		STREET ADDRESS	USCG SECTOR	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, DONALD W		NAME	ZARR, JOHN	
STREET ADDRESS	USCG GROUP KEY WEST		STREET ADDRESS	USCG SECTOR	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>M O Borders</i>		8/11/05		305-292-8734	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	