

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90013 002 \*\*\*\*66.25

**DOCUMENT # N04000004681**

1. Entity Name

**CHRISTIAN PENNANT AND U.S. FLAG PLACEMENT  
ASSOCIATION, INC.**



Principal Place of Business

% SEWARD D. NICHOLS  
2871 25TH AVENUE NORTH  
ST. PETERSBURG FL 33713-3821

Mailing Address

% SEWARD D. NICHOLS  
2871 25TH AVENUE NORTH  
ST. PETERSBURG FL 33713-3821

**40006947**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

*AS*

Suite, Apt. #, etc.

*Above*

City & State

Zip

Country

3. Mailing Address

*AS*

Suite, Apt. #, etc.

*Above*

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, SEWARD D  
2871 25TH AVENUE N  
ST. PETERSBURG FL 33717-3821**

7. Name and Address of New Registered Agent

Name

*Not Needed*

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

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: CEO  
NAME: NICHOLS, SEWARD D  
STREET ADDRESS: 2871 25TH AVE. N  
CITY-ST-ZIP: ST. PETERSBURG FL 33713-3821 ☐ Delete

TITLE: V  
NAME: SORDAN, MICHAEL E  
STREET ADDRESS: 249 N.W. LINCOLN CIRCLE N  
CITY-ST-ZIP: ST. PETERSBURG FL 33702 ☐ Delete

TITLE: ST  
NAME: LOVELACE, JOHN R  
STREET ADDRESS: 11403 4TH ST N UNIT 4  
CITY-ST-ZIP: ST. PETERSBURG FL 33716 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*Seward D. Nichols*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/2005*

Date

Daytime Phone #