2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006775

Entity Name: U. S. COAST GUARD PIPE BAND INC.

ID INC

FILED Apr 29, 2017 Secretary of State CC6712596338

Current Principal Place of Business:

201 S 2ND STREET SUITE 203

FORT PIERCE, FL 34950

Current Mailing Address:

201 S 2ND STREET SUITE 203 FORT PIERCE, FL 34950 US

FEI Number: 52-7376154 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAIRSON, DAVID L USCG AUX 201 S 2ND STREET SUITE 203 FORT PIERCE, FL 34950 US

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: DAVID L LAIRSON 04/29/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP/D Title TREASURER/D

Name DUDLEY, CAPT HARRY H. USCG RET Name PIERCE, JOHN T USCG AUX

Address 4836 CAPE GEORGE ROAD Address 6651 HIBISCUS WAY

City-State-Zip: PORT TOWNSEND WA 98368 City-State-Zip: STONE MOUNTAIN GA 30087

Title D Title SECRETARY

Name LOUDERMILK, MELVIN L USCG AUX Name MILLER, AUX ROBERT USCG AUX

Address 5852 PEACOCK LANE Address 175 DON RICH DRIVE

City-State-Zip: HOSCHTON GA 30548 City-State-Zip: CARROLLTON GA 30117

Title P/D Title DIRECTOR

Name COCHRAN, BMCS STEVE USCG RET Name LINDER, DAVE USCG AUX

Address 8311 MORNINGSIDE DRIVE Address 7115 CENTRAL AVE.

City-State-Zip: MANASSAS VA 20112 City-State-Zip: SODUS POINT NY 14555

Title DIRECTOR Title DIRECTOR

Name QUINN, JOHN USCG AUX Name BURTON, JEFFREY LCDR USCG RET

Address 5 FAIRFIELD DRIVE Address 4815 31ST STREET

A-2

City-State-Zip: AVONDALE ESTATES GA 30002 City-State-Zip: ARLINGTON VA 22206

SIGNATURE: JOHN T PIERCE

TREASURER

04/29/2017

I hereby 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 all other like empowered.