

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90015 006 \*\*\*\*61.25

**DOCUMENT # 700003**

1. Entity Name  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
INDEPENDENT LOCAL 1402 OF TAMPA, FLORIDA AND  
VICINITY,



Principal Place of Business  
ASSOCIATION INDEPENDENT LOCAL 1402  
711 E. HARRISON ST.  
TAMPA, FL 33602

Mailing Address  
ASSOCIATION INDEPENDENT LOCAL 1402  
711 E. HARRISON ST.  
TAMPA, FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-0304134

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY JR,PERRY C  
707 E HARRISON ST  
TAMPA, FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME HARVEY JR,PERRY C  
STREET ADDRESS 3610 E RIVERGROVE DR  
CITY-ST-ZIP TAMPA, FL

TITLE D ☐ Change ☒ Addition  
NAME Billy D. Helms  
STREET ADDRESS 3402 49th Street  
CITY-ST-ZIP Tampa, FL 33605

TITLE V ☒ Delete  
NAME HARRELL,JAMES  
STREET ADDRESS 2912 E. LENNA AVE.  
CITY-ST-ZIP SEFFNER, FL

TITLE V ☒ Change ☐ Addition  
NAME HARRELL, JAMES  
STREET ADDRESS 13502 CAPITOL DR  
CITY-ST-ZIP TAMPA, FL 33613

TITLE S ☐ Delete  
NAME RICHARDS, ERNEST W JR  
STREET ADDRESS 707 E HARRISON ST  
CITY-ST-ZIP TAMPA, FL 33602

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

TITLE D ☐ Delete  
NAME CLARDY, ALPHONSO  
STREET ADDRESS 6618 N. 23RD STREET  
CITY-ST-ZIP TAMPA, FL

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

TITLE T ☐ Delete  
NAME WARDELL, NORMAN  
STREET ADDRESS 12004 TIMBLE HILL DR  
CITY-ST-ZIP RIVERVIEW, FL 33569

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

TITLE D ☒ Delete  
NAME BRINSON, FREDDIE  
STREET ADDRESS 3413 E PARIS ST  
CITY-ST-ZIP TAMPA, FL 33610

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRESIDENT

1/17/06

813--229

Date

Daytime Phone #