

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90045 046 \*\*\*\*61.25

<b>DOCUMENT # 722735</b> 1. Entity Name <b>FLOTILLA 92 NORTH PORT, INC.</b>					
Principal Place of Business <b>730 CHANCELLOR BLVD NORTH PORT, FL 34287</b>			Mailing Address <b>FLOTILLA 92 INC P.O. BOX 7204 NORTH PORT, FL 34287</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>Flotilla 92, Inc</b> Suite, Apt. #, etc. <b>P.O. Box 7204</b> City & State <b>North Port, FL</b> Zip                      Country <b>34290                      U.S.A.</b>			
4. FEI Number <b>59-1458960</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01052008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>LEBLANC, PAUL J 2304 PELLAM BLVD PORT CHARLOTTE, FL 33948</b>			7. Name and Address of New Registered Agent Name <b>James R Hamilton</b> Street Address (P.O. Box Number is Not Acceptable) <b>3428 Tonkin Drive</b> City <b>North Port                      FL                      Zip Code 34287</b>		
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 <u><i>James R Hamilton</i></u> <u>James R Hamilton</u> <u>01/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable                      (NOTE: Registered Agent signature required when reinstating)                      DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, JAMES R 3428 TONKIN DR NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREY, ELIZABETH B 4451 GARDNER DR PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, BRADLEY W 24325 HARBORVIEW RD PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Colucci, Giacomina M 1228 Allegheny Lane North port, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEBLANC, DENISE A 2304 PELLAM BLVD PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Yeno, Marguerite M 2402 Como St Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SOUDER, JOHN S 6978 PAN AMERICAN BLVD NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Souder, John S 6978 Pam American Blvd North Port, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TEN0, ALFRED F 2402 COMO ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Yeno, Alfred F 2402 Como St Port Charlotte, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>James R Hamilton</i></u> <u>James R Hamilton</u> <u>01/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					