

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90031 014 \*\*\*\*61.25

**DOCUMENT # 725688**

1. Entity Name

FLOTILLA 44, INCORPORATED



Principal Place of Business

401 S. BEACH ST  
U.S.C.G. AUXILIARY BLDG.  
DAYTONA BEACH FL 32114  
US

Mailing Address

C/O W.J. HALL  
P O BOX 261  
ORMOND BCH FL 32175

54011380



MOORE CR2E037 (11/03)

2. Principal Place of Business

(Same as above)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7346875

Applied For

Not Applicable

Zip

32114

Country

U.S.A.

Zip

32175

Country

U.S.A.

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

HALL, W. JAMES  
6 BROOKSIDE CT  
ORMOND BCH FL 32174

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	C	<input checked="" type="checkbox"/> Delete
NAME	VAN OSDOL, JOHN L	
STREET ADDRESS	1996 ROYAL ST GEORGE CT	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HODEL, WILLAM T	
STREET ADDRESS	721 S BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, JAMES W	
STREET ADDRESS	6 BROOKSIDE CT	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYER, DAVID H	
STREET ADDRESS	3800 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARISI, VICTOR E	
STREET ADDRESS	277 CEUTER ST	
CITY-ST-ZIP	ORMOND BEACH FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARD, BRUCE L	
STREET ADDRESS	182 ROSEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKellan, Vivian S.	
STREET ADDRESS	935 N. Halifax Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Stuart A.	
STREET ADDRESS	134 Bellewood Ave.	
CITY-ST-ZIP	So. Daytona, FL 32119	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gifford, Gerald	
STREET ADDRESS	30 Inlet Harbor Rd.	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fauber, Harry	
STREET ADDRESS	771 E. Normandy Ave.	
CITY-ST-ZIP	Daytona, FL 32125	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Page, Marlene D.	
STREET ADDRESS	1180 Champions Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32124	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cox, Vita H.	
STREET ADDRESS	935 N. Halifax Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32118	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 Feb '04 672-4512