


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90081 017 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # 725688 1. Entity Name FLOTILLA 44, INCORPORATED | | | |  | |
| Principal Place of Business 355 BASIN ST NORTH HALIFAX HBR. DAYTONA BEACH, FL 32114 US | | | Mailing Address C/O DOLLY A. DWYER 12 CEDAR FALLS DR. ORMOND BEACH, FL 32174 | | |
| 2. Principal Place of Business - No P.O. Box # 355 BASIN ST. | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. NORTH HALIFAX HARBOR | | Suite, Apt. #, etc. | | | |
| City & State DAYTONA BEACH, FL | | City & State | | 4. FEI Number 23-7346875 | |
| Zip 32114 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DWYER, DOLLY A 12 CEDAR FALLS DR ORMOND BCH, FL 32174 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GIFFORD, GERALD J <input type="checkbox"/> Delete 30 INLET HARBOR RD PONCE INLET, FL 32127 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCKIRDY, JAMES A <input type="checkbox"/> Delete 2031 QUAIL HOLLOW DR DELAND, FL 32720 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VAN OSDOL, JOHN L <input checked="" type="checkbox"/> Delete 1996 ROYAL ST. GEORGE CT PORT ORANGE, FL 32123 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROBINSON, STEART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 134 BELLEWOOD AVE. SOUTH DAYTONA, FL 32119 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DWYER, DOLLY A <input type="checkbox"/> Delete 12 CEDAR FALLS DR ORMOND BEACH, FL 32174 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAGE, MARLENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1180 CHAMPIONS DR. DAYTONA BEACH, FL 32124 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBINSON, NANCY F <input type="checkbox"/> Delete 134 BELLEWOOD AVE. DAYTONA BEACH, FL 32119 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RENUART, CHARLES M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1793 MITCHELL CT. DAYTONA BEACH, FL 32128 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOYER, DAVID H <input checked="" type="checkbox"/> Delete 3800 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32114 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORD, GARY H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5768 DOGWOOD RD PORT ORANGE, FL 32127 | |
| 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>Dolly A. Dwyer</u> DOLLY A. DWYER, TREAS. MAR. 15, 2007 (386)677-6712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |