

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90166 016 \*\*\*\*61.25

**DOCUMENT # 728988**

1. Entity Name  
**SPECTRE ASSOCIATION, INC.**



Principal Place of Business

**SPECTRE ASSOCIATION  
BOX 707  
MARY ESTHER FL 32569-0707  
US**

Mailing Address

**65 NE LAURIE DRIVE  
FT. WALTON BEACH FL 32548  
US**

2. Principal Place of Business

3. Mailing Address

**2600 N. WINDSOR LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT. WALTON BEACH FL**

4. FEI Number **59-0788761**

Applied For

Not Applicable

Zip

Country

Zip  
**32547-6841**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**APPLEBY JERALD  
65 NE LAURIE DR.  
FT WALTON BCH FL FL 32548**

7. Name and Address of New Registered Agent

Name **ALLEN, W. WILLIAM R.**

Street Address (P.O. Box Number is Not Acceptable)

**2600 N. WINDSOR LN**

City

**FT. WALTON BEACH**

FL

Zip Code

**32547**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**FILE NOW: FEE IS \$61.25**

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	P	<input type="checkbox"/> Delete
NAME	<b>SHOFFER, TIMOTHY A</b>	
STREET ADDRESS	<b>654 MERIONETH DR</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32547</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SPENCER, DUANE A</b>	
STREET ADDRESS	<b>27 MIRACLE DRIVE</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>APPLEBY JERALD</b>	
STREET ADDRESS	<b>65 NE LAURIE DR.</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH., FL 32548</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>THRASHER, J R</b>	
STREET ADDRESS	<b>4528 PARKWOOD LANE</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEARSON, ANGELO</b>	
STREET ADDRESS	<b>2088 JESSICA WAY</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MOSER, JEFF</b>	
STREET ADDRESS	<b>69 OLDE CYPRESS CIR NW</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548-4637</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, William R.</b>
STREET ADDRESS	<b>2600 N. WINDSOR LN</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH, FL 32547</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUDETTE, GLENN</b>
STREET ADDRESS	<b>350 DAWN LANE</b>
CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** **ALLEN** **1/29/03** **866-381-2945**

CR2E037 (10/02)