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Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760771 (6)

1. Corporation Name

U.S.S. KIDD ASSOCIATION, INC., DESTROYER SQUADRO
N 48

Principal Place of Business

Mailing Address

1917 WREN AVE
FT PIERCE FL 34982
US

1917 WREN AVE
FT PIERCE FL 34982
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified

11/17/1981

4. FEI Number

36-2541073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATH, WILLIAM
1917 WREN AVENUE
FT PIERCE FL 34982

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William H. Gath*

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

(NOTE: Registered Agent signature required when reinstating)

January 19, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS MCGINNIS, JAMES J.
CITY-ST-ZIP 7728 GEN SHERIDAN LANE
ST. LOUIS MO
TITLE ☐ DELETE
NAME STD
STREET ADDRESS MILLS, EDWARD
CITY-ST-ZIP 222 CRESTVIEW DR
THOMASVILLE NC 02
TITLE ☐ DELETE
NAME V
STREET ADDRESS BOOSE, HERBERT L.
CITY-ST-ZIP 9864 WEST MCNAB ROAD
TAMARAC FL
TITLE ☐ DELETE
NAME D
STREET ADDRESS YARLING, RICHARD
CITY-ST-ZIP 729 N PENNSYLVANIA
INDIANAPOLIS IN
TITLE ☒ DELETE
NAME D
STREET ADDRESS CARNS, FREDERICK W
CITY-ST-ZIP 508 OHIO AVE
GLASSPORT PA
TITLE ☐ DELETE
NAME PD
STREET ADDRESS KRISS, DANIEL
CITY-ST-ZIP 905 GRANT ST
HERNDON VA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME WALTER BROWN
5.3 STREET ADDRESS 5212 ALABAMA PLACE
5.4 CITY-ST-ZIP College Park, MD 20740-1140
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward J. Mills*

Edward J. Mills

Edward J. Mills

Edward J. Mills

CR2E037 (10/97)