

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90093 028 ****61.25

DOCUMENT # 760771

1. Corporation Name

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

Principal Place of Business

1917 WREN AVE
FT PIERCE FL 34982
US

Mailing Address

1917 WREN AVE
FT PIERCE FL 34982
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

36-2541073

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MCGINNIS, JAMES J.**
STREET ADDRESS **7728 GEN SHERIDAN LANE**
CITY-ST-ZIP **ST. LOUIS MO**

1.1 TITLE **ID** ☒ Change ☒ Addition
1.2 NAME **Signature, James J**
1.3 STREET ADDRESS **2315 G Street**
1.4 CITY-ST-ZIP **Anderson, IN 46012-4601**

TITLE **STD** ☐ DELETE
NAME **MILLS, EDWARD**
STREET ADDRESS **222 CRESTVIEW DR**
CITY-ST-ZIP **THOMASVILLE NC 02**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **3909 SW 20th Place**
2.3 STREET ADDRESS **Cape Coral, FL 33914-5563**
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **BOOSE, HERBERT L.**
STREET ADDRESS **9664 WEST MCNAB ROAD**
CITY-ST-ZIP **TAMARAC FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **YARLING, RICHARD**
STREET ADDRESS **729 N PENNSYLVANIA**
CITY-ST-ZIP **INDIANAPOLIS IN**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BROCKWAY, WALTER**
STREET ADDRESS **5212 PALCO PL**
CITY-ST-ZIP **COLLEGE PARK MD 20740**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **KRISS, DANIEL**
STREET ADDRESS **905 GRANT ST**
CITY-ST-ZIP **HERNDON VA**

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Gath - Agent
Edward R. Mills 4/23/99 941-542 8842

Day

Daytime Phone #

CR2E037 (11/98)

0074983