

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90096 050 ****61.25

DOCUMENT # 760771

1. Entity 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

3909 SW 20th Place

3. Mailing Address

3909 SW20th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

36-2541073

Applied For

Not Applicable

Zip

33914-5563

Country

Lee

Zip

33914-5563

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, EDWARD R
 3909 SW 20TH PLACE
 CAPE CORAL FL 33914

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.

SIGNATURE

Edward R. Mills
 Edward R. Mills

23 Jan. 02

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME D
 SCHULTE, JOHN J
 STREET ADDRESS 3315 S 8TH AVE.
 CITY-ST-ZIP ANDERSON IN 46012-4601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME STD
 MILLS, EDWARD
 STREET ADDRESS 3909 SW 30TH PLACE
 CITY-ST-ZIP CAPE CORAL FL 33914-5563

TITLE Change Addition
 NAME PSTD
 Mills, Edward
 STREET ADDRESS 3909 SW 20th place
 CITY-ST-ZIP Cape Coral, FL 33914-5563

TITLE Delete
 NAME D
 BOOSE, HERBERT L.
 STREET ADDRESS 9664 WEST MCNAB ROAD
 CITY-ST-ZIP TAMARAC FL 33321

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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: *Edward R. Mills* President: D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

941-542-2728

Daytime Phone #

CR2E037 (9/01)