

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90006 015 ****61.25

DOCUMENT # 760771

1. Entity Name
U.S.S. KIDD ASSOCIATION, INC., DESTROYER
SQUADRON 48



Principal Place of Business
3909 SW 20TH PLACE
CAPE CORAL, FL 33914-5563 US

Mailing Address
3909 SW 20TH PLACE
CAPE CORAL, FL 33914-5563 US

11001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-2541073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SCHULTE, JOHN J
STREET ADDRESS 3315 S 8TH AVE.
CITY-ST-ZIP ANDERSON, IN 460124601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSTD ☐ Delete
NAME MILLS, EDWARD
STREET ADDRESS 3909 20TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 339145563

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE PD ☒ Change ☒ Addition
NAME Charles E. Bowling
STREET ADDRESS 5510 Beauport Drive
CITY-ST-ZIP Speedway, IN 46224

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

1-9-4 239 542-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #