
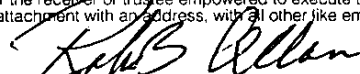


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90061 003 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTE, JOHN J		NAME		
STREET ADDRESS	3315 S 8TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	ANDERSON, IN 460124601		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, EDWARD		NAME	Allan, Robert B.	
STREET ADDRESS	3909 SW 20TH PL		STREET ADDRESS	3685 Ignacio Corcle	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	Stockton, CA 95209-3900	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOSE, HERBERT L.		NAME		
STREET ADDRESS	9664 WEST MCNAB ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRASER, JOHN		NAME		
STREET ADDRESS	6385 HAROON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO, CA 95831		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, OYA J		NAME		
STREET ADDRESS	1215 WILLOW OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	CENTREVILLE, OH 45458		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLING, CHARLES E		NAME		
STREET ADDRESS	5510 BEAUPORT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPEEDWAY, IN 46224		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			ca / 27 / 06 209 474 8727		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		