

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760771

FILED  
Jan 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4111 HAMMERSMITH DRIVE  
CLERMONT, FL 347116984 US

**New Principal Place of Business:**

**Current Mailing Address:**

3685 IGNACIO CIRCLE  
STOCKTON, CA 952093900 US

**New Mailing Address:**

**FEI Number:** 36-2541073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWLING, CHARLES E  
4111 HAMMERSMITH DRIVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BEAVERS, WILLIAM  
Address: 314B KLEIN CREEK COURT  
City-St-Zip: CAROL STREAM, IL 60188 US

Title: STD ( ) Delete  
Name: ALLAN, ROBERT B  
Address: 3685 IGNACIO CIR  
City-St-Zip: STOCKTON, CA 952093900

Title: D ( ) Delete  
Name: BOOSE, HERBERT L.,  
Address: 9664 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: FRASER, JOHN  
Address: 6385 HAROON DRIVE  
City-St-Zip: SACRAMENTO, CA 95831

Title: D ( ) Delete  
Name: HENSEL, ROBERT A  
Address: 1380 EASTMONT AVE, #401  
City-St-Zip: EAST WENATCHEE, WA 98802 US

Title: PD ( ) Delete  
Name: BOWLING, CHARLES E  
Address: 4111 HAMMERSMITH DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B ALLAN

S/T

01/05/2008

Electronic Signature of Signing Officer or Director

Date