2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 760771

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:	D	(X) Change ( ) Addition
Name:	BOOSE, HERBERT L	
Address:	9664 WEST MCNAB ROAD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	(X) Change ( ) Addition
Name:	FRASER, JOHN	
Address:	6385 HARMON DRIVE	
City-St-Zip:	SACRAMENTO, CA 95831	
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 STD 01/13/2009

Electronic Signature of Signing Officer or Director — Date