

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90074 021 \*\*\*\*61.25

**DOCUMENT # 760771**

1. Entity Name

**U.S.S. KIDD ASSOCIATION, INC., DESTROYER SQUADRO  
N 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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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

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

TITLE **PSTD** ☐ Delete  
NAME **MILLS, EDWARD**  
STREET ADDRESS **3909 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914-5563**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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** 1/4/03 239-542 2728

CR2E037 (10/02)