


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90066 034 \*\*\*\*61.25

<b>DOCUMENT # N00000000786</b>		
1. Entity Name U.S.S. BROOKLYN ASSOCIATION HISTORICAL SOCIETY, INC.		
Principal Place of Business USS BROOKLYN ASSOC 2079 59TH ST N CLEARWATER, FL 33760		Mailing Address USS BROOKLYN ASSOC 2079 59TH ST N CLEARWATER, FL 33760



2. Principal Place of Business <i>USS BROOKLYN ASSOC.</i>		3. Mailing Address <i>USS BROOKLYN ASSOC.</i>	
Suite, Apt. #, etc. <i>3038 POINTER DR.</i>		Suite, Apt. #, etc. <i>3038 POINTER DR</i>	
City & State <i>PALM HARBOR, FL</i>		City & State <i>PALM HARBOR, FL</i>	
Zip <i>34683</i>	Country	Zip <i>34683</i>	Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>48-0901689</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBB, LAZARITES 2079 59TH ST. N. CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSS, LEN 3038 POINTER DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOSS, LEN 2079 59TH ST. N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STREIGHT, DON 3038 POINTER DR PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GILBERT, CLARENCE 2079 59TH ST. N. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLIDOR, LEONARD 3038 POINTER DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLIDOR, LEONARD 2079 59TH ST. N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWANN, HOWARD 3038 POINTER DR PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTT, JOHN 2079 59TH ST. N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTT, JOHN 3038 POINTER DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPRI, JACK 2079 59TH ST. N. CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PADULA, PAT 3038 POINTER DR PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Donald H. Streight* *Donald H. Streight* 2-15-06 787/789-1193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #