

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 028 \*\*\*\*61.25

<b>DOCUMENT # N00000000786</b>					
<b>1. Entity Name</b> U.S.S. BROOKLYN ASSOCIATION HISTORICAL SOCIETY, INC.					
<b>Principal Place of Business</b> USS BROOKLYN ASSOC 3038 POINTER DR PALM HARBOR, FL 34683			<b>Mailing Address</b> USS BROOKLYN ASSOC 3038 POINTER DR PALM HARBOR, FL 34683		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 48-0901689				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S/T STREIGHT, DON 3038 POINTER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
P MOSS, LEN 3038 POINTER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	P LEN MOSS 5625 COUNTRY ROAD #441 HANNIBAL, MO 63401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D POLIDOR, LEANARD 3038 POINTER DR PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	V.P. SAL VITALE 95 OAKSIDE RD SMITH TOWN, NY 11787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D SWANN, HOWARD 3038 POINTER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete					
D OTT, JOHN 3038 POINTER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete					
D PADULLA, PAT 3038 POINTER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Donald H. Straight</i> <b>DONALD H. STRAIGHT</b> 5-1-07    727/789-1193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Deafline Phone #</small>					