2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000000786

1. Entity Name
U.S.S. BROOKLYN ASSOCIATION HISTORICAL SOCIETY, INC.



FILED Mar 27, 2008 08:00 Al Secretary of State

Principal Place of Business

USS BROOKLYN ASSOC 3038 POINTER DR PALM HARBOR, FL 34683 Mailing Address

USS BROOKLYN ASSOC 3038 Pointer Dr Palm Harbor, FL 34683



03092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 48-0901689 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000871610 04/10/08-80003-017 61.25	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T STREIGHT, DON 3038 POINTER DR PALM HARBOR, FL 34883					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, LEN 5625 COUNTRY ROAD #441 HANNIBAL, MO 63401		1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITALE, SAL 95 OAKSIDE RD SMITHTOWN, NY 11787		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, HOWARD 3038 POINTER DR PALM HARBOR, FL 34683	38 POINTER DR		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, JOHN 3038 POINTER DR PALM HARBOR, FL 34683					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADULLA, PAT 3038 POINTER DR PALM HARBOR, FL 34683					
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.						