## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007191

FILED May 12, 2009 Secretary of State

Entity Name: OLD ANTARCTIC EXPLORERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4615 BALMORAL DR. 10819 BERRYHILL ROAD PENSACOLA, FL 32504 PENSACOLA, FL 32506

Current Mailing Address: New Mailing Address:

4615 BALMORAL DR. 10819 BERRYHILL ROAD PENSACOLA, FL 32504 PENSACOLA, FL 32506

FEI Number: 95-3675775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'CONNELL, JAMES H

4615 BALMORAL DR.

PENSACOLA, FL 32504 US

BAKER, BILLY-ACE P
10819 BERRYHILL ROAD
PENSACOLA, FL 32506 US

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: BILLY-ACE NAKER 05/12/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: WEST, JOHN L Name: HEFFEL, JAMES
Address: 7945 SHANTUNG DR. Address: 25 LAKEWOOD ROAD

City-St-Zip: SANTEE, CA 92701 City-St-Zip: SO. WEYMOUTH, MA 02190 US

Title: DST ( ) Delete Title: DIR (X) Change ( ) Addition Name: O'CONNELL, JAMES H Name: BAKER, BILLY-ACE P

Address: 4615 BALMORAL DR. Address: 10819 BERRYHILL ROAD
City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32506

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 STORM, HENRY J
 Name:
 HERMAN, ANDRFEW W

 Address:
 10087 LAKESIDE DRIVE
 Address:
 94-1054 PAHA PLACE, N6

 City-St-Zip:
 WHITE LAKE, MI 48386
 City-St-Zip:
 WAIPAHU, HI 96797

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: BILLY-ACE BAKER DIR 05/12/2009