


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # NQ1009002561 1. Entity Name USS DONNER MEMORIAL ASSOCIATION, INC.	
--	---

Principal Place of Business 1167 PEAK CIRCLE DELTONA, FL 32738	Mailing Address 1167 PEAK CIRCLE DELTONA, FL 32738
--	--



DO NOT WRITE IN THIS SPACE

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3716969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESAR, GERALD T
 1167 PEAK CIRCLE
 DELTONA, FL 32738

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESAR, GERALD T 1167 PEAK CIRCLE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESAR, DIANA C 1167 PEAK CIRCLE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOW, DEBORAH C 1056 PEAK CIRCLE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000172973
 01/06/05-80024-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald T. Tesar **GERALD T. TESAR** 1/04/05 386-860-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #