

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005903

1. Entity Name
**USS LONG BEACH CGN9 ASSOCIATION,
INCORPORATED**



Principal Place of Business
**11486 113 RD
LIVE OAK, FL 32060**

Mailing Address
**P.O. BOX 1482
LIVE OAK, FL 32064-1482**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
14-6328880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, RONALD
11486 113RD
POB 1482
LIVE OAK, FL 32060**

**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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHADE, DONALD L
STREET ADDRESS 251 PATTERSON RD., #G31
CITY-ST-ZIP HAINES CITY, FL 338447838

TITLE VD
NAME O'ROURKE, MICHAEL
STREET ADDRESS 1747 WOLBERT TERR
CITY-ST-ZIP UNION, NJ 07083

TITLE STD
NAME SHAW, RONALD
STREET ADDRESS 11486 113 RD
CITY-ST-ZIP LIVE OAK, FL 320641482

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U00000606763
01/31/07-80011-001 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/07
Date

(562) 362-7463
Daytime Phone #