

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

08 FEB -4 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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



01262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300117635103  
02/08/08--01050--004 \*\*61.25

**DO NOT WRITE  
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

Date

01/26/08 (386) 330-2779

KS