
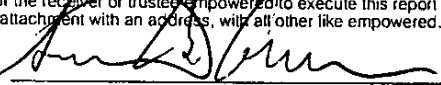


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90017 037 ****61.25

DOCUMENT # N02000008186					
1. Entity Name SEMINOLE SEABIRDS, EAA ULTRALIGHT CHAPTER #120, INC.					
Principal Place of Business 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785			Mailing Address 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1636111	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, STEVEN B 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STEVEN B 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POINDEXTER, NORM 8100 35TH AVENUE N. ST. PETERSBURG, FL 33756				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRETTO, RON 6710 121ST STREET SEMINOLE, FL 33772				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLINTOCK-ARCHER, DEOBRAH 11411 101 STREET N. SEMINOLE, FL 33773				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Philip Klein 10140 117th. Place Largo, FL 33773				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Fagerquist 11950 117th. Street N. Largo, FL 33778				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Steven B. Cohen 419 Harbor Drive South Indian Rocks Beach, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Steven B. Cohen, Secy. Jan. 5, 2005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40000864



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
16-1636111

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

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

9. Election Campaign Financing ☐ Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, STEVEN B	
STREET ADDRESS	419 HARBOR DRIVE SOUTH	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POINDEXTER, NORM	
STREET ADDRESS	8100 35TH AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRETTO, RON	
STREET ADDRESS	6710 121ST STREET	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLINTOCK-ARCHER, DEOBRAH	
STREET ADDRESS	11411 101 STREET N.	
CITY-ST-ZIP	SEMINOLE, FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Klein	
STREET ADDRESS	10140 117th. Place	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Fagerquist	
STREET ADDRESS	11950 117th. Street N.	
CITY-ST-ZIP	Largo, FL 33778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven B. Cohen	
STREET ADDRESS	419 Harbor Drive South	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Steven B. Cohen, Secy. Jan. 5, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #