

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 011 ****61.25

DOCUMENT # N03000001263

1. Entity Name
USA CHARITIES INC.



Principal Place of Business
**1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901**

Mailing Address
**1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901**

14011040



2. Principal Place of Business
**5565 SCHENCK AVE
SUITE 10**

3. Mailing Address
1725 BLUEBIRD CT

04262005 Chg-NP CR2E037 (10/03)

City & State
ROCKLEDGE FL

City & State
MELBOURNE FL

4. FEI Number
71-0934852

Applied For
Not Applicable

Zip Country
32955 USA

Zip Country
32935 USA

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

6. Name and Address of Current Registered Agent

**A. S. JOHNSON
1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name
A. S. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

1725 BLUEBIRD CT

City
MELBOURNE

FL

Zip Code
32935

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.

**ALBERT S. JOHNSON
PRESIDENT**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-26-05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
JOHNSON, ALBERT S
1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, KATHLEEN D
1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARONSON, LARRY M
1624 SOUTH BABCOCK STREET
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
JOHNSON, ALBERT S
1725 BLUEBIRD CT.
MELBOURNE, FL 32935** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, KATHLEEN D
1725 BLUEBIRD CT
MELBOURNE, FL 32935** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARONSON, LARRY M
1725 BLUEBIRD CT
MELBOURNE, FL 32935** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

**ALBERT S. JOHNSON
PRESIDENT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-05 (321) 757-8488