

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 041 ****70.00

DOCUMENT # N04000000550 1. Entity Name USS TACONIC ASSOCIATION, INC.					
Principal Place of Business 9415 NEW ORLEANS DR WEEKI WACHEE, FL 34613				Mailing Address 9415 NEW ORLEANS DR WEEKI WACHEE, FL 34613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3209967	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRILLINGER, ALLAN 9415 NEW ORLEANS DR WEEKI WACHEE, FL 34613			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIEMEYER, CHARLES		NAME		
STREET ADDRESS	14238 SPANISH WELLS DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34687		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, RAY		NAME	V ASSELIN, DAVE	
STREET ADDRESS	836 WATER RIDGE DR		STREET ADDRESS	160 WOODMILL BLVD	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRILLINGER, ALLAN		NAME		
STREET ADDRESS	9415 NEW ORLEANS DR		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASSELIN, DAVE		NAME		
STREET ADDRESS	160 WOODMILL BLVD		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, FRANK		NAME		
STREET ADDRESS	105 GORSUCH RD		STREET ADDRESS		
CITY-ST-ZIP	TIMONIUMA, MD 21093		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Allan Brillinger</u> <u>ALLAN BRILLINGER</u> <u>1-22-08</u> <u>352-597-9946</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					