

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90022 022 ****61.25

DOCUMENT # N04000004940	
1. Entity Name THE 35TH INFANTRY (CACTI) REGIMENT ASSOCIATION, INC.	



Principal Place of Business 39042 6TH AVE. ZEPHYRHILLS, FL 33542	Mailing Address 39042 6TH AVE. ZEPHYRHILLS, FL 33542
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2. Principal Place of Business 1736 S.W. 2nd ST	3. Mailing Address 455 County Rd 177
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT LAUDERDALE FL	City & State KILLEN AL
Zip 33312	Country USA
Country USA	Zip 35645
Country USA	Zip 35645

8. Name and Address of Current Registered Agent YOUMANS, BEN C 39042 6TH AVE. ZEPHYRHILLS, FL 33542	
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7. Name and Address of New Registered Agent Name MICHAEL P. KURTGIS Street Address (P.O. Box Number is Not Acceptable) 1736 S.W. 2nd ST City FT. LAUDERDALE FL Zip Code 33312	
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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	MICHAEL P. KURTGIS 03/16/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUXO, DAVID N MR. 6811 SASSANON COURT ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JAMES L MR. 7411 MOFITT ROAD LAND O LAKES, FL 34639 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peter J Birrow 37 FLINT RD TYNGSBORO MA 01879 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES K. HALL 1335 N BROAD ST WOODBURY NJ 08096 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charles W. Brown 455 County Rd 177 KILLEN AL 35645 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William H Henson 3680 CHRIS FIELD DR. ROCKY RIVER OH 44116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Peter J Birrow 2-28-06 617-222-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #

40035105



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