

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009189

FILED
Aug 25, 2008
Secretary of State

Entity Name: SOUTHERN MOST COAST GUARD ENLISTED ASSOCIATION CORP

Current Principal Place of Business:

COMMANDER, USCG, CGEA
100 TRUMBO RD.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

COMMANDER,USCG, CGEA
100 TRUMBO RD.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 27-0060872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COAST GUARD ENLISTED ASSOCIATION
COMMANDER, U. S. COAST GUARD
100 TRUMBO RD
KEY WEST, FL 33040 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WEATHERFORD, LOMAN
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: CHATTERTON, CARRIE
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: ALEXANDER, SAMANTHA
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: SOULTZ, SHAWN
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WEATHERFORD, LOMAN
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: KENERLY, STACEY
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: SEC (X) Change () Addition
Name: GUTIERREZ, LIZETTE
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

Title: TRES (X) Change () Addition
Name: PEARSON, BRENT
Address: 100 TRUMBO RD
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOMAN WEATHERFORD

PRES

08/25/2008

Electronic Signature of Signing Officer or Director

Date