

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009189

FILED  
Mar 20, 2009  
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:**

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

**FEI Number:** 27-0060872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: HOLZER, MICHELLE  
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

03/20/2009

Electronic Signature of Signing Officer or Director

Date