

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010075

FILED
Apr 27, 2007
Secretary of State

Entity Name: USS GUAM LPH-9 ASSOCIATION, INC.

Current Principal Place of Business:

1421 COURT ST
SUITE C
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1421 COURT ST
SUITE C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINOWITZ, HARVEY J
1421 COURT ST
SUITE C
CLEARWATER, FL 33756 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: PD () Delete
Name: WALKER, FRANK
Address: 932 EAST HYDE PARK
City-St-Zip: ST JOSEPH, MO 64504

Title: VPD () Delete
Name: BRANIGER, GARLAND
Address: 435 MILLPOND DR
City-St-Zip: SANDUSKY, OH 44870

Title: SD () Delete
Name: SPINOWITZ, HARVEY J
Address: 3980 EAGLE COVE E DR
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: RUDOLPH, MARK
Address: 6035 STARK DR
City-St-Zip: BROOK PARK, OH 44142

Title: D (X) Delete
Name: HAMANN, RICHARD
Address: 6505 S.W. BROAD OAK DR
City-St-Zip: ALOHA, OR 97007

Title: D (X) Delete
Name: DEWITT, GARY
Address: 709 BISHOP DR
City-St-Zip: VIRGINIA BEACH, VA 23455

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: TD (X) Change () Addition
Name: HAMMAN, RICHARD
Address: 6505 S.W. BROAD OAK DR.
City-St-Zip: ALOHA, OR 97007

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

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

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: HARVEY J. SPINOWITZ

S/D

04/27/2007

Electronic Signature of Signing Officer or Director

Date