

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011339

FILED
Feb 05, 2009
Secretary of State

Entity Name: FLORIDA COMMODORES ASSOCIATION, INC.

Current Principal Place of Business:

5119 CHANDELLE DRIVE
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

5119 CHANDELLE DRIVE
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 26-3866619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, JOHN H
5119 CHANDELLE DRIVE
PENSACOLA, FL 32507 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: COMM () Delete
Name: BOUCKAERT, PHILLIP J
Address: 1261 SUGAR SANDS BLVD, APT 215
City-St-Zip: SUGAR ISLAND, FL 33404 US

Title: VCOM () Delete
Name: KELLEY, RICHARD
Address: 6 COLLINGVILLE COURT
City-St-Zip: PALM COAST, FL 32517 US

Title: RCOM () Delete
Name: STANLEY-LEITCH, CHARI
Address: 200 HARBOR WALK, #252
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: FC () Delete
Name: REYNOLDS, THOMAS G DR
Address: 4323 AMERICAN POETS DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: SEC () Delete
Name: KIMMERLING, LARRY M
Address: 17900 GULF BLVD, 12A
City-St-Zip: REDINGTON SHORES, FL 33708 US

Title: TREA () Delete
Name: MATTHEWS, JOHN H
Address: 5119 CHANDELLE DRIVE
City-St-Zip: PENSACOLA, FL 32507 US

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

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: JOHN H. MATTHEWS

TREA

02/05/2009

Electronic Signature of Signing Officer or Director

Date