

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000682

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** USS BEALE DD/DDE-471 ASSOCIATION, INC.

**Current Principal Place of Business:**

607 BROCKTON WAY  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

607 BROCKTON WAY  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 27-4673522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARRY, PAUL C  
607 BROCKTON WAY  
WEST MELBOURNE, FL 32904 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:** DP  
**Name:** BARRY, PAUL C  
**Address:** 607 BROCKTON WAY  
**City-St-Zip:** WEST MELBOURNE, FL 32904

**Title:** DV  
**Name:** ABBOTT, THOMAS G  
**Address:** 1106 CYMRU DRIVE  
**City-St-Zip:** BERWYN, PA 19312

**Title:** DT  
**Name:** BRINGS, WILLIAM A  
**Address:** 8826 THOREAU PLACE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** DS  
**Name:** GILLINGHAM, ROGER D  
**Address:** 13 HEMLOCK DRIVE  
**City-St-Zip:** WASHINGTON, IN 47501

**Title:** D  
**Name:** SVEJK, JAMES W  
**Address:** 123 STICKNEY HILL RD  
**City-St-Zip:** UNION, CT 06076

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL C. BARRY

DP

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date