

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005712

FILED
Apr 10, 2012
Secretary of State

Entity Name: USS PAUL F. FOSTER ASSOCIATION, INC.

Current Principal Place of Business:

3449 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3449 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 45-3603319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWELL, JON
3449 TROPICAIRE BLVD
NORTH PORT, FL 34286 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: P
Name: ZIOMEK, MIKE
Address: 2810 CRABTREE AVE
City-St-Zip: WOODRIDGE, IL 60517

Title: VP
Name: CHARLES, BRIAN
Address: 240 LODGE RD
City-St-Zip: BOULDER CREEK, CA 95006

Title: S
Name: POWELL, JON
Address: 3449 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: T
Name: SAVAGE, LARRY
Address: 2526 BUENA VISTA AVE
City-St-Zip: LEMON GROVE, CA 91945

Title: D
Name: ZUCHEGNA, DAVID
Address: 2105 BROMLEY CT
City-St-Zip: VIRGINIA BEACH, VA 23454

Title: D
Name: ERICKSON, MARK
Address: 818 WILSHIRE LANE
City-St-Zip: PAPILLION, NE 68046

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: LARRY R SAVAGE

T

04/10/2012

Electronic Signature of Signing Officer or Director

Date