


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 045 ****61.25

DOCUMENT # N11597					
1. Entity Name DESTROYER-ESCORT SAILORS ASSOCIATION, INC.					
Principal Place of Business 2780 REDWING VILLAGE DELAND, FL 32720 US			Mailing Address 2780 REDWING VILLAGE DELAND, FL 32720 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1882905	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLASER, DORI 2780 REDWING VILLAGE DELAND, FL 32720			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, DEAN		NAME	George Amandola	
STREET ADDRESS	15195 HARBOUR ISLE DR		STREET ADDRESS	1105 Shadeland Ave.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	DREXEL HILL, PA 19026	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGER, RICHARD		NAME		
STREET ADDRESS	9411 WOODBURY ST		STREET ADDRESS		
CITY-ST-ZIP	LANHAM, MD 20706		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLSTEIN, DAVE		NAME		
STREET ADDRESS	7814 LA MICADA DRIVE		STREET ADDRESS	7814 LA MIRADA DE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, REX		NAME		
STREET ADDRESS	57 HEMINGWAY CIR		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31411		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDMAN, GEORGE		NAME		
STREET ADDRESS	PO BOX 337		STREET ADDRESS		
CITY-ST-ZIP	DANSVILLE, NY 14437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David Hunter, Treas.</i>			Date: <i>4/5/05</i> Daytime Phone #: <i>561-368-7167</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					