2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11597

Apr 21, 2008 Secretary of State

Entity Name: DESTROYER-ESCORT SAILORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2780 REDWING VILLAGE DELAND, FL 32720

Current Mailing Address: New Mailing Address:

2780 REDWING VILLAGE DELAND, FL 32720

FEI Number: 59-1882905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GLASER, DORI 2780 REDWING VILLAGE DELAND, FL 32720

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SAYLOR, SAMUEL SAYLOR, SAMUEL Name: Name: 1810 PINE AVE Address: 1810 PINE AVE. Address:

City-St-Zip: WEATHERFORD, OK 73096 City-St-Zip: WEATHERFORD, OK 73096 US

Title: PD Title: SD (X) Change () Addition () Delete

WEIDMAN, GEORGE Name: WEIDMAN, GEORGE Name: Address: P O BOX 337 Address: P O BOX 337

City-St-Zip: DANSVILLE, NY 14437 City-St-Zip: DANSVILLE, NY 14437 US

Title: () Delete Title: (X) Change () Addition JOHNSON, EARL JOHNSON, EARL Name: Name:

4249 RUTGERS AVE. Address: Address: 4249 RUTGERS AVE. City-St-Zip: LONG BEACH, CA 90808 City-St-Zip: LONG BEACH, CA 90808 US

Title: VΡ Title: () Delete (X) Change () Addition

Name: THORNE, REX Name: KIDD, THOMAS L 57 HEMINGWAY CIR 3636 CHIPSHOT CT. Address: Address: City-St-Zip: SAVANNAH, GA 31411 City-St-Zip: N. FT. MYERS, FL 33917 US

Title: () Delete Title: (X) Change () Addition

AGER, RICHARD ZAREM, RONALD Name: Name: 32040 LONG BOW CT. 1310 RIFLE LAKE TR. Address: Address: WEST BRANCH, MI 48661 US City-St-Zip: MILLSBORO, DE 19966 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: THOMAS L. KIDD Ρ 04/21/2008