FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N11664

(2)

ATLANTIC AND GULF COASTS DOCKING PILOTS ASSOCIATION, INC.

Principal Place of Business Malling Address						I SOOTIONS DEL LIBEL HAND ONNO ONLO GLOVE BURN BURN BURN BURN BOOK HOUR BOOK
ROUTE 1 (BRANFORE	BOX 700 D FL 32008	ROUTE 1 BRANFOR	BOX 700 D FL 32008			
						3. Date incorporated or Qualified 3a. Date of Last Report 01/30/1995
⊢ .	Place of Business	2a. Mailing A	Address			4. FEI Number Applied For
21	1. 411-	26				59-2701672 Not Applicable
Suite, Apt	l.#, elc.	Suite, Ar	ot. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	ate	City & St	ate		-	6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zıp		Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes
}	9. Name and Address of Cur	rent Registered Ag	ent	04	M	10. Name and Address of New Registered Agent
				81	Name	
	RE, GEORGE L.		82 Street A		Street	Address (P.O. Box Number is Not Acceptable)
	E 1, BOX 700			83		
BRANI	FORD FL 32008					
				84	City	FL 85 Zip Code
11. Pursuan	It to the provisions of Sections 617.09	502 and 617.1508, Fi	orida Statutes, the	e above-r	named co	corporation submits this statement for the purpose of changing its registered office
or regist	ered agent, or both, in the State of Fl with, and accept the obligations of, S	lorida. Such change v	was authorized by	the corp	oration's	s board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	, ,	0000,170,0000,170	Ad Charles.			
SIGNATORE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Rec	pistered Agen	t signature :	твицигеd when reinstating) DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIILE	DP)DELETE	1 1 TITLE		Change Addition
NAME	REGISTER, JAMES R			1.2 NAME		
STREET ADDRESS				13 STREET	ADDRESS	
CITY-S1-ZIP	WILMINGTON NC		loc, exc	1.4 CHY-S	T - ZiP	
TITLE	DVP	L	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	NAUGHTON, JAMES	•		22 NAME		1
STREET ADDRESS				23 STREET		
CITY-ST-ZIP TITLE	DOULESTOWN PA		DELETE	2 4 CITY - 5 3 1 TITLE	ST-ZIP	Change Addition
NAME	PARKER, DOUGLAS T	L	locce ie	32 NAME		Trouguige L'Abduttori
STREET ADDRESS				3.3 STREET	TUUDEGG	
CITY-ST-ZIP	PONTE VEDRE BEACH FL			34. CITY-5		
TITLE	D		DELETE	4.1 TITLE) (" E III"	DST Change Addition
NAME	- NOUGHTON, JAMES			4. 2 NAME		MOORE GEORGE L.
STREET ADDRESS		4		4.3 STREET	ADDRESS	ROUTE 1 BOX 700
CITY-ST-ZIP	DOYLESTOWN PA-18901			4.4 CITY - S		BRANFORD, FL. 32008
TITLE	D		DELETE	5.1 TITLE		Change Addition
NAME	ACKERMAN, JAMES T.			5.2 NAME		
STREET ADDRESS		° \$		5.3 STREET	ADDRESS	
CITY-S1-ZIP	JACKSONVILLE FL			5.4 CITY-S	T-ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS	s			6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S	T-ZIP	

L do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-2-96 - 904-935-0209
Date Date Daytine Profit

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CR2E037 (12/95)