

**DOCUMENT # N11664**

1. Entity Name  
**AMERICAN HARBOR AND DOCKING PILOTS ASSOCIATION,**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90026 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**ROUTE 1 BOX 700**      **ROUTE 1 BOX 700**  
**BRANFORD FL 32008**      **BRANFORD FL 32008**

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      Applied For  
**59-2701672**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOORE, GEORGE L.**  
**ROUTE 1, BOX 700**  
**BRANFORD FL 32008**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input type="checkbox"/> Delete
NAME	GALMAN, DAVID P	
STREET ADDRESS	185 SAMOSET AVE	
CITY-ST-ZIP	QUINCY MN 02169	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HICKORY, JAMES	
STREET ADDRESS	2306 FOX CHASE COURT	
CITY-ST-ZIP	BELAIR MD 21015	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, FREDERICK	
STREET ADDRESS	3307 ABBYFIELD DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MOORE, GEORGE L	
STREET ADDRESS	RT 1 BOX 700	
CITY-ST-ZIP	BRANFORD FL 32008-3773	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, JAMES T.	
STREET ADDRESS	12141 RUNNING BROOK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **GEORGE L. MOORE**      *Signature*      **1/6/2001**      **(904)935-0209**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)