

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-25-2007 90054 014 ****61.25

66001813

1st MOORE CR2E037 (10/06)

DOCUMENT # N11664					
1. Entity Name AMERICAN HARBOR AND DOCKING PILOTS ASSOCIATION, INC.					
Principal Place of Business 942 STAVELEY DR. W. JACKSONVILLE FL 32225			Mailing Address 942 STAVELEY DR. W. JACKSONVILLE FL 32225		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2701672	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MOORE, GEORGE L. 942 STAVELEY DR. W. JACKSONVILLE FL 32225			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FLANNERY, ROBERT		NAME		
STREET ADDRESS	46 ROWAN AVE		STREET ADDRESS		
CITY ST ZIP	STATEN ISLAND NY 10396		CITY ST ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOGG, GEORGE B		NAME		
STREET ADDRESS	7768 LYNCHBURG CT B		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32277		CITY ST ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THOMAS, FREDERICK		NAME		
STREET ADDRESS	3307 ABBYFIELD DR E		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32277		CITY ST ZIP		
TITLE	DST	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	MOORE, GEORGE L		NAME	GEORGE L. MOORE	
STREET ADDRESS	2498 BEGONIA DRIVE		STREET ADDRESS	942 STAVELEY DR. W.	
CITY ST ZIP	MIDDLEBURG FL 32068-5661		CITY ST ZIP	JACKSONVILLE, FL. 32225-5259	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROBERT, STEARNS		NAME		
STREET ADDRESS	4666 HARBOUR NORTH CAST		STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32225		CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

GEORGE L. MOORE

2/12/07

CR2E037 (10/06)

1st MOORE

Fold report so address appears in window

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N11664

1. Entity Name

AMERICAN HARBOR AND DOCKING PILOTS
ASSOCIATION, INC.



ATTACHMENT

66001813

Principal Place of Business

942 STAVELEY DR. W.
JACKSONVILLE FL 32225

Mailing Address

942 STAVELEY DR. W.
JACKSONVILLE FL 32225

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2701672

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MOORE, GEORGE L.
942 STAVELEY DR. W.
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLANNERY, ROBERT 46 ROWAN AVE STATEN ISLAND NY 10396	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HOGG, GEORGE B 7768 LYNCHBURG CT B JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, FREDERICK 3307 ABBYFIELD DR E JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MOORE, GEORGE L 2498 BEGONIA DRIVE MIDDLEBURG FL 32068-5661	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT, STEARNS 4666 HARBOUR NORTH CAST JACKSONVILLE FL 32225	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GEORGE L. MOORE 942 STAVELEY DR. W. JACKSONVILLE, FL. 32225-5259	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

George L. Moore

1/19/07

(904) 220-3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone