2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N13630

Entity Name: UNITED STATES NAVAL CRYPTOLOGIC VETERANS ASSOCIATION, GULF COAST CHAPTER, PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

320 WEST CERVANTES ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

320 WEST CERVANTES ST.
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2694401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ROBERT J.
320 WEST CERVANTES ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: WILSON, THOMAS G.
Address: 6055 FOREST GREEN ROAD
City-St-Zip: PENSACOLA, FL

Title: STD ( ) Delete
Name: SMITH, ROBERT J
Address: 5605 VESTAVIA LANE
City-St-Zip: PENSACOLA, FL

Title: D (X) Delete
Name: MICKELSEN, DON
Address: 7973 CORONET PLACE
City-St-Zip: PENSACOLA, FL

Title: D (X) Delete
Name: CHILDERS, WILLIAM V
Address: 5760 W SHORE DR
City-St-Zip: PENSACOLA, FL 32506

Title: PD (X) Delete
Name: ROBERTS, STEVE
Address: 4520 BAYWOODS DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GLASSCOCK, JAMES E
Address: 2998 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526 US

Title: STD (X) Change ( ) Addition
Name: SMITH, ROBERT J
Address: 5605 VESTAVIA LANE
City-St-Zip: PENSACOLA, FL 32526 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J SMITH TREA 04/29/2005

Electronic Signature of Signing Officer or Director — Date