

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90080 038 ****61.25

DOCUMENT # N15696

1. Entity Name
**THE SOUTHERNMOST CHAPTER OF THE UNITED
STATES COAST GUARD CHIEF PETTY OFFICERS
ASSOCIATION, INC.**



Principal Place of Business
**SOUTHERN MOST CPOA
USCG GROUP KEY WEST
KEY WEST, FL 33040**

Mailing Address
**SOUTHERN MOST CPOA
USCG GROUP KEY WEST
KEY WEST, FL 33040**

50061563



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
52-1268687

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LAWRENCE, MARK J
USCG GROUP KEY WEST
TRUMBO ROAD
KEY WEST, FL 33040**

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 Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 PD
NAME SEGELKEN, WILLIAM E ☐ Delete
STREET ADDRESS USCG GROUP KEY WEST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE PD ☒ Change ☐ Addition
NAME TSCHANTZ-HAHN, JANINE M
STREET ADDRESS USCG STATION
CITY-ST-ZIP KEY WEST FL 33040

TITLE VP
NAME TSCHANTZ-HAHN, JANINE M ☐ Delete
STREET ADDRESS USCG GROUP KEY WEST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VP ☒ Change ☐ Addition
NAME BORDERS, MATTHEW O.
STREET ADDRESS USCG SECTOR
CITY-ST-ZIP KEY WEST FL 33040

TITLE TD
NAME LAWRENCE, MARK J ☐ Delete
STREET ADDRESS USCG GROUP KEY WEST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD ☒ Change ☐ Addition
NAME CAICEDO JOHN H.
STREET ADDRESS USCG SECTOR
CITY-ST-ZIP KEY WEST FL 33040

TITLE SD
NAME WHITTLE, DONALD W ☐ Delete
STREET ADDRESS USCG GROUP KEY WEST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE SD ☒ Change ☐ Addition
NAME ZARR, JOHN
STREET ADDRESS USCG SECTOR
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MJ Borders

8/11/05

305-292-8734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #