NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001236

THE ELECTRIC BOAT ASSOCIATION OF THE AMERICAS, I NC.

Principal Place of Business

522 TIVOLI TRACE CIRCLE DEERFIELD BEACH FL 33441 Mailing Address

P.O. BOX 4151 DEERRFIELD BEACH FL

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90022 004 ****61.25



2. Principal P	lace of Business	2a. Mailing Address		· · · · · ·		3. Date Incorpora					
21 9 V	liew Straet	26 9 VIEW	5	treet	-	03/14/1994	<u> </u>				
Suite, Apt.		Suite, Apt. #, etc.				4. FEI Number	_			lied For	
22		27				65 -047076	5			Applicable	
City & State	e ,	City & State			, ا	5. Certifcate of S	tatus Desired	. 🗆	\$8.75 _{'A}		
23 LAL	ITANA	28 LANTAHA							Fee Red	·	
Zip	Country	Zip		ntry	- , ·	Election Camp	_		\$5.00		
24 334 (1=0 - 0 - 1 - 1 -	o] //,	1 m Be		Trust Fund Co			Added to	Fees	
	9. Name and Address of Current	Registered Agent		81 Name		0. Name and Ad	idress of New h	cegisterea /	Agent		
				81 Name							
MATTHEWS, KENNETH L JR.					82 Street Address (P.O. Box Number is Not Acceptable)						
-522-TIVOL		9	<u> V i</u>	<u>ew_ 5</u>	<u>+</u>						
DEERFIEL	D-BEACH-FL-33441			83					÷ .		
	· -			84 City				F	85 Zip C	ode	
				1 1		AMA		FL		462	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes	the a	bove-named	corporati	ion submits this s	tatement for the	purpose of	changing its i	registered iistered	
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	r Florida. Such change was aut ons of, Section 617.0503, Florid	nonzed la Stat	utes.	oration S	DOGIC OF CHECKOR	s. I lieleby accel	ν αιο αλλοιι	minoin as lag		
_									•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered	Agent signature r	required whe			DATE			
12.	OFFICERS AND		13.			ADDITIONS/CI	IANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TI	TLE	P/	D			Thange	Addition	
NAME	MATTHEWS, KENNETH L JR.		1.2 N	ME	1						
STREET ADDRESS			1.3 \$	REET ADDRESS	9	VIEW					
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CI	TY-ST-ZIP	LA	NTAHA	FL 3	3442		_/	
TITLE	D	DELETE	2.1 Π	TLE	VI)			☐ Change	Addition	
NAME	ROBERTS, THOMAS A		2.2 N	WE	NA	RON P	145アハ	ews			
STREET ADDRESS	396 CR 199		2.3 \$	REET ADDRESS	124	RON A	JI FOR 4	WAY			
CITY-ST-ZIP	ATHENS TIP 37303		2.40	ITY-ST-ZIP	Ne	lling ton	J, FL	3 3	414		
TITLE	D	☐ OELETE	3.1 TI		1	'''	- 		Change	Addition	
NAME	RAY, MORTON		3.2 N	AME							
STREET ADDRESS				TREET ADDRESS							
	CAPE CORAL FL 33909			ITY-ST-ZIP							
C/TY-ST-ZIP	OALE COLME LE 20202	☐ DELETE	4.1 Ti		 				Change	☐ Addition	
			4.28								
NAME			.,	REET ADDRESS					•		
STREET ADDRESS					1						
CITY-ST-ZIP		☐ D€LETE	4.4 C	TY-ST-ZIP					☐ Change	Addition	
TITLE		Th perete	5.1 II 5.2 N						٠, ٠,٠.٠٠		
NAME				TREET ADDRESS							
STREET ADDRESS]				1				•		
CITY-ST-ZIP		T Drugge	6.1 TI	TY-ST-ZIP	 			 -	Change	☐ Addition	
TITLE		☐ DELETE						,	· fm cuanda		
NAME			6.2 N								
STREET ADDRESS	1		6.3 S	TREET ADDRESS	1			٠.	•		
CITY-ST-ZIP	}		6.4 C	TY-ST-ZIP						<u> </u>	

CITY-ST-ZIP 14. 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 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 or an attachment with an address, with all other like empowered.