

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:17

DOCUMENT # N94000003273 (9)

1. Corporation Name

INTERNATIONAL CHIEF PETTY OFFICERS' ASSOCIATION
1995 CONVENTION CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

4336 EAST SKYVIEW DRIVE
LAS VEGAS NV 89104-5441

4336 EAST SKYVIEW DRIVE
LAS VEGAS NV 89104-5441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

3a. Date of Last Report

4. FEI Number

31-1373182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1270 Burnham Ave

26 Post Office Box 12328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. #1001

Suite, Apt. #, etc.

City & State

City & State

23 Las Vegas, NV 89104

28 Las Vegas, NV 89112

Zip

Country

Zip

Country

24 89104

25 USA

29 89112-0328

30 USA

9. Name and Address of Current Registered Agent

EDMONDSON, HELENE
3 CUNNINGHAM LANE
DE BARY FL 32713-3164

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUCAS, WILLIAM T
STREET ADDRESS	4511 LUCAS LANE
CITY-ST-ZIP	DANVILLE IN 46122
TITLE	STD
NAME	AHERN, PATRICK H
STREET ADDRESS	4336 EAKYVIEW DR.
CITY-ST-ZIP	LAS VEGAS NV 89104
TITLE	VDD
NAME	JOHNSON, C E
STREET ADDRESS	RT. 1 BOX 289
CITY-ST-ZIP	MARBLE NC 28905
TITLE	D
NAME	FLOYD, CHALRES B
STREET ADDRESS	3322 S. PECOS RD.
CITY-ST-ZIP	LAS VEGAS NV 89121
TITLE	D
NAME	RILEY, HARRY E 'ED'
STREET ADDRESS	2573 SOUTH 380 E.
CITY-ST-ZIP	ANDERSON IN 46017
TITLE	D
NAME	REEVES, CLYDE K
STREET ADDRESS	3058 PLEASANT HILL DR
CITY-ST-ZIP	BOQUE CHITTO MS 39620

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☐ Change ☒ Addition
1.2 NAME	Dennis E. Simmons	
1.3 STREET ADDRESS	Route 3, Box 468	
1.4 CITY-ST-ZIP	Hartford, NC 27944	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	AHERN, PATRICK H.	
2.3 STREET ADDRESS	1270 Burnham Ave., Apt #1001	
2.4 CITY-ST-ZIP	Las Vegas, NV 89104	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	SEERO, EDWARD V.	
3.3 STREET ADDRESS	8 Fox Hill Road	
3.4 CITY-ST-ZIP	Andover, MA 01810-1611	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on an attachment with an address.

SIGNATURE: Patrick H. Ahern, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/95 (702) 471-7430

Date

Signature Phone #