

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N94000003273 (9)**

1. Corporation Name

**INTERNATIONAL CHIEF PETTY OFFICERS' ASSOCIATION
1995 CONVENTION CORPORATION OF FLORIDA**

Principal Place of Business

Mailing Address

**1270 BURNHAM AVE
APT. #1001
LAS VEGAS NV 89104-5441
US****POST OFFICE BOX 12328
LAS VEGAS NV 89112-0328
US**3. Date Incorporated or Qualified
06/28/19943a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, CLARENCE E.
6300 LAKE WILSON ROAD
DAVENPORT FL 33837**

81 Name

CLARENCE E. JOHNSON

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

83 **8225 WAKEFORD ROAD**

84 City

LAKE WALES**FL**85 Zip Code
33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **JOHNSON, CLARENCE E.**
STREET ADDRESS **6300 LAKE WILSON ROAD**
CITY-ST-ZIP **DAVENPORT FL**1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JOHN MASSICOTTE**
1.3 STREET ADDRESS **1932 MAGIC CANYON DRIVE**
1.4 CITY-ST-ZIP **HENDERSON, NV 89015-8541**TITLE **TD** ☐ DELETE
NAME **AHERN, PATRICK H**
STREET ADDRESS **1270 BURNHAM AVE., APT #1001**
CITY-ST-ZIP **LAS VEGAS NV**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **EVANS, ADRIAN E.**
STREET ADDRESS **1015 PELICAN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **FLYNN, GERALD E.**
STREET ADDRESS **3331 MCMATH DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **GERALD E. FLYNN**
4.3 STREET ADDRESS **3331 MC MATH DRIVE**
4.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**TITLE **D** ☐ DELETE
NAME **PRATTEN, ROBERT**
STREET ADDRESS **3629 NETTLE CREEK CT**
CITY-ST-ZIP **HOLIDAY FL**5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **ROBERT PRATTEN**
5.3 STREET ADDRESS **1101 ROYAL BLVD.**
5.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**TITLE **D** ☐ DELETE
NAME **STALEY, RICHARD**
STREET ADDRESS **8533 SW 5TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**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 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 on an attachment with an address.

SIGNATURE:

Patrick H. Ahern

1/15/97 702-471-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 2076920

CR2E037 (9/96)