


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **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

**06/28/1994**

4. FEI Number

**31-1373182**

Applied For

☒ Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARENCE E JOHNSON  
8225 WAKEFORD RD  
LAKE WALES FL 33853**

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 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 **D** ☐ DELETE  
NAME **JOHN MASSICOTTE**  
STREET ADDRESS **1833 MAGIC CANYON DR**  
CITY-ST-ZIP **HENDERSON NV**

1.1 TITLE **SD** ☐ Change ☒ Addition  
1.2 NAME **Kinsella, Ronald**  
1.3 STREET ADDRESS **5900 N.W. 58 Terrace**  
1.4 CITY-ST-ZIP **Parkland, FL 33067-4426**

TITLE **TD** ☐ DELETE  
NAME **AHERN, PATRICK H**  
STREET ADDRESS **1270 BURNHAM AVE., APT #1001**  
CITY-ST-ZIP **LAS VEGAS NV**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Baylis, Stephanie M.**  
2.3 STREET ADDRESS **416 Forest Park Ave.**  
2.4 CITY-ST-ZIP **Tampa, FL 33617-4137**

TITLE **VD** ☒ DELETE  
NAME **EVANS, ADRIAN E.**  
STREET ADDRESS **1015 PELICAN LANE**  
CITY-ST-ZIP **ROCKLEDGE FL**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **Kelley Jr, Kenneth C**  
3.3 STREET ADDRESS **XXXXXX XXXX 3024 Cains Mill Rd.**  
3.4 CITY-ST-ZIP **Sumter, SC 29154**

TITLE **PD** ☒ 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 **Johnson, Clarence E.**  
4.3 STREET ADDRESS **8225 Wakeford Rd.**  
4.4 CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **D** ☒ DELETE  
NAME **PRATTEN, ROBERT**  
STREET ADDRESS **1101 ROYAL BLVD**  
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Herb, Robert C.**  
5.3 STREET ADDRESS **350 Hammons Pkwy. # 14-D**  
5.4 CITY-ST-ZIP **Springfield, MO 65806**

TITLE **D** ☒ DELETE  
NAME **STALEY, RICHARD**  
STREET ADDRESS **8533 SW 5TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Hancock, Charles**  
6.3 STREET ADDRESS **57 Elm Court, RR6**  
6.4 CITY-ST-ZIP **Goderich, ONT Canada**

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 on an attachment with an address.

SIGNATURE **Patrick H. Ahern** 4/8/98 (702) 471-7430

CP2E037 (10/97)