

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90020 039 ****61.25

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1. Entity Name

THE FLORIDA CHAPTER OF THE SECOND MARINE
DIVISION ASSOCIATION, INC.



Principal Place of Business

6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782
US

Mailing Address

6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

SCHULTZ, ROBERT H
6363 93RD TERRACE NORTH, #4501
PINELLAS PARK FL 33782

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE ☐ Delete
NAME SCHULTZ, ROBERT H
STREET ADDRESS 6363 93RD TERRACE NORTH, #4501
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE ☐ Delete
NAME MCWILLIAMS, RAY
STREET ADDRESS 122 TEMPLE DR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Delete
NAME BOYD, PAUL
STREET ADDRESS 1671 SPRING OAKS LANE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete
NAME CROFT, EARL
STREET ADDRESS 3403 MAZUR DR
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☒ Delete
NAME MAGER, BILL
STREET ADDRESS 3616 WATERMELON LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME Treasurer
NAME Eugene Everett
STREET ADDRESS 3209 NW 47th Ct.
CITY-ST-ZIP Ocala, FL 34482

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

TITLE ☐ Change ☒ Addition
NAME Trustee
NAME Robert Purinton
STREET ADDRESS 4550 SE Co. Rd. 337
CITY-ST-ZIP Morriston, FL 32668-3551

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

727-546-8341

Daytime Phone #