

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 016 \*\*\*\*61.25

DOCUMENT # N95000002116

1. Entity Name

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



Principal Place of Business

10265 ULMERTON RD #116  
6363 93RD TERRACE NORTH, #4501  
PINELLAS PARK FL 33782  
US LARGO, FL 33771

Mailing Address

10265 ULMERTON RD #116  
6363 93RD TERRACE NORTH, #4501  
PINELLAS PARK FL 33782  
US LARGO, FL 33771

2. Principal Place of Business

10265 ULMERTON RD #116  
Suite, Apt. #, etc.

3. Mailing Address

10265 ULMERTON RD #116  
Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name SCHULTZ, ROBERT H.  
Street Address (P.O. Box Number is Not Acceptable)  
10265 ULMERTON RD #116  
LARGO  
City LARGO FL Zip Code 33771

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

Robert H Schultz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-05

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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	D	SCHULTZ, ROBERT H	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		6363 93RD TERRACE NORTH, #4501	
CITY-ST-ZIP		PINELLAS PARK FL 34666	
TITLE	P	MCWILLIAMS, RAY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		122 TEMPLE DR	
CITY-ST-ZIP		LONGWOOD FL 32750	
TITLE	T	EVERETT, EUGENE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		3209 NW 47TH CT.	
CITY-ST-ZIP		OCALA FL 34482	
TITLE	T	CROFT, EARL	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		3403 MAZUR DR	
CITY-ST-ZIP		MELBOURNE FL 32901	
TITLE	TR	PURINTON, ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4550 SE CR 337	
CITY-ST-ZIP		MORRISTON FL 32668-3551	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, ROBERT H.	
STREET ADDRESS	10265 ULMERTON RD #116	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYCE, HAROLD L.	
STREET ADDRESS	6307 HWY A-1-A #263	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUEGER, ROBERT E.	
STREET ADDRESS	4750 COVE CIRCLE #904	
CITY-ST-ZIP	MADRIDA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert H Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-05

Date

727-581-6701

Daytime Phone #