

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90241 029 \*\*\*\*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  
LARGO, FL 33771 US**

Mailing Address  
**10265 ULMERTON RD #116  
LARGO, FL 33771 US**

00000100



01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHULTZ, ROBERT H 10265 ULMERTN RD #116 LARGO, FL 33771</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHULTZ, ROBERT H</b>			NAME			
STREET ADDRESS	<b>10265 ULMERTON RD #116</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO, FL 33771</b>			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Dan Saldana, Trustee	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>BOYCE, HAROLD L</b>	X		NAME	<b>2439 W. Parker St.</b>		
STREET ADDRESS	<b>6307 HWY A1A #263</b>			STREET ADDRESS	<b>Lakeland, FL 33815</b>		
CITY-ST-ZIP	<b>MELBOURNE BEACH, FL 32951</b>			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>OWINGS, BUCK</b>			NAME	<b>August D'Alessio</b>		
STREET ADDRESS	<b>755 ONYX DR, NE</b>			STREET ADDRESS	<b>2493 W. Vina del mar Blvd.</b>		
CITY-ST-ZIP	<b>PALM BAY, FL 32905</b>			CITY-ST-ZIP	<b>St. Pete Beach, FL 33706</b>		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CROFT, EARL</b>			NAME			
STREET ADDRESS	<b>3403 MAZUR DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>PURINTON, ROBERT</b>			NAME	<b>Ross Stauffer</b>		
STREET ADDRESS	<b>4550 SE CR 337</b>			STREET ADDRESS	<b>230 Manatee Rd.</b>		
CITY-ST-ZIP	<b>MORRISTON, FL 326683551</b>			CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Jan. 5, 2007 727-581-5701

Date Daytime Phone #