



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 042 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 1150-8th Ave. SW Suite, Apt. #, etc. 717 City & State LARGO, FL Zip 33770		3. Mailing Address 1150-8th Ave. SW Suite, Apt. #, etc. Apt 717 City & State LARGO, FL Zip 33770			
4. FEI Number NOT APPLICABLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03072008 Chg-NP CR2E037 (12/06) 59-3315245	
6. Name and Address of Current Registered Agent SCHULTZ, ROBERT H 10265 ULMERTON RD #116 LARGO, FL 33771			7. Name and Address of New Registered Agent Name SCHULTZ, ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 1150-8th Ave. SW apt 717 City LARGO FL Zip Code 33770		
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 <u>Robert H. Schultz</u> DATE <u>3-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DST SCHULTZ, ROBERT H 10265 ULMERTON RD #116 LARGO, FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1150-8th Ave. SW apt 717 LARGO, FL 33770		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SALDANA, DAN 2439 W. PARKER ST. LAKELAND, FL 33815	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWINGS, BUCK 755 ONYX DR, NE PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROFT, EARL 3403 MAZUR DR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PURINTON, ROBERT 4550 SE CR 337 MORRISTON, FL 326683551	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR ROSS STAUFFER 230 Manatee Rd Winter Haven, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ALESSIO, AUGUST 2493 W VINA DEL MAR BLVD SAINT PETERSBURG BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Robert H. Schultz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-7-08</u>		Daytime Phone # <u>727-581-6701</u>	