


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000006013					
1. Entity Name COMBINED FORCES U.S. NAVY ASIATIC FLEET 1910-1942, INC.					
Principal Place of Business 4114 NARVAEZ WAY SOUTH ST. PETERSBURG FL 33712			Mailing Address 4114 NARVAEZ WAY SOUTH ST. PETERSBURG FL 33712		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent ALAN S. CHRISTNER, JR. P.A. 401 SECOND ST., EAST SUITE 231 INDIAN ROCKS BEACH FL 34635			7. Name and Address of New Registered Agent 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAUGHTER, JOHN		NAME	U00000436034	
STREET ADDRESS	3801 CANTERBURY RD., UNIT 812		STREET ADDRESS	02/27/06-80019-021 70.00	
CITY-ST-ZIP	BALTIMORE MD 23218		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHE, WALTER		NAME		
STREET ADDRESS	40 SHOREWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	ASHEVILLE NC 28804		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANKERBERG, CHARLES W		NAME		
STREET ADDRESS	4114 NARVAEZ WAY SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KESTER, RAY D		NAME		
STREET ADDRESS	6128 SHERBORN LANE		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD VA 22152		CITY-ST-ZIP		
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		
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 Section 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.



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3358068** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required