

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90020 025 ****70.00

DOCUMENT # N98000007360

1. Entity Name
**325TH SECURITY FORCES SQUADRON DEFENDERS
CLUB INC.**



Principal Place of Business
**515 SUWANNEE AVE
TYNDALL AFB, FL 32403**

Mailing Address
**515 SUWANNEE AVE
TYNDALL AFB, FL 32403**

94018810



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3552035

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**VANDERGRIFF, SEAN
515 SUWANNEE AVE
TYNDALL AFB, FL 32403**

7. Name and Address of New Registered Agent

Name **Peter Van Damme**

Street Address (P.O. Box Number is Not Acceptable)
515 Suwannee RD

City **Tyndall AFB**

FL

Zip Code
32403

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]

SSgt Van Damme, Peter R

10 FEB 04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **DP** ☒ Delete
NAME **VANDERGRIFF, SEAN**
STREET ADDRESS **2914 S BEACON BEACH RD**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **DV** ☒ Delete
NAME **STONE, DIANNA L**
STREET ADDRESS **1313 EVERGREEN CT**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **DT** ☒ Delete
NAME **STOKES, KIMBERLY**
STREET ADDRESS **6226 WALKER RD**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **DS** ☒ Delete
NAME **LANE, SHANIKA N**
STREET ADDRESS **911 PITTS AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **Larry D. Ikenhans**
STREET ADDRESS **515 Suwannee RD**
CITY-ST-ZIP **Tyndall AFB, FL 32403**

TITLE **DV** ☐ Change ☒ Addition
NAME **Peter R. Van Damme**
STREET ADDRESS **515 Suwannee RD**
CITY-ST-ZIP **Tyndall AFB, FL 32403**

TITLE **DT** ☐ Change ☒ Addition
NAME **Shanika LANE**
STREET ADDRESS **515 Suwannee RD**
CITY-ST-ZIP **Tyndall AFB, FL 32403**

TITLE **DS** ☐ Change ☒ Addition
NAME **Tanya Mitchell**
STREET ADDRESS **515 Suwannee RD**
CITY-ST-ZIP **Tyndall AFB, FL 32403**

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

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] **PETER R. VAN DAMME**

2-10-04

850-283-2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #