

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006775

**Entity Name:** U. S. COAST GUARD PIPE BAND INC.

**Current Principal Place of Business:**

290 NW PEACOCK BLVD  
881316  
PORT ST. LUCIE, FL 34988

**Current Mailing Address:**

P.O. BOX 881316  
PORT ST. LUCIE, FL 34988 US

**FEI Number: 52-7376154**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAIRSON, DAVID L USCG AUX  
290 NW PEACOCK BLVD  
881316  
PORT ST. LUCIE, FL 34988 US

*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.*

**SIGNATURE:** DAVID L LAIRSON

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name DUDLEY, HARRY H. CAPT, USCG RET  
Address 4836 CAPE GEORGE ROAD  
City-State-Zip: PORT TOWNSEND WA 98368

Title ASST. TREASURER  
Name TESTON, HARVEY USCG AUX  
Address 1249 GRINDLE BRIDGE RD  
City-State-Zip: DAHLONGEGA GA 30533

Title DIRECTOR  
Name LOUDERMILK, MILTON L USCG AUX  
Address 5852 PEACOCK LANE  
City-State-Zip: HOSCHTON GA 30548

Title SECRETARY  
Name MILLER, ROBERT USCG AUX  
Address 175 DON RICH DRIVE  
City-State-Zip: CARROLLTON GA 30117

Title DIRECTOR  
Name SLABAUGH, CATHERINE USCG AUX  
Address 2756 SAGMORE RD  
City-State-Zip: TOLEDO OH 43606

Title DIRECTOR  
Name QUINN, JOHN USCG AUX  
Address 551 STRATFORD  
City-State-Zip: AVONDALE ESTATES GA 30002

Title DIRECTOR  
Name BETHEL, JAQUELINE LCDR  
Address 201 SINGER BLVD  
APT D  
City-State-Zip: HONOLULU HI 96818

Title VP, DIRECTOR  
Name WHITLEY, WARREN CAPT, USCG  
RET  
Address 432 CADES TRAIL  
City-State-Zip: SOUTHPORT NC 28461

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MILLER

SECRETARY

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date