

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006775

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

Current Principal Place of Business:

10835 SW ELSINORE DRIVE
10835 SW ELSINORE DRIVE
PORT SAINT LUCIE, FL 34987

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
10835 SW ELSINORE DRIVE
10835 SW ELSINORE DRIVE
PORT SAINT LUCIE, FL 34987 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

04/30/2024

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

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

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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: DAVID LAIRSON

DIRECTOR

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAIRSON, DAVID L
Address 10835 SW ELSINORE DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34987