

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006775

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

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC3647769069**

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131 US

**FEI Number: 52-7376154**

**Certificate of Status Desired: No**

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

ANDERSON, ANDREW W  
200 SOUTH BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title TREASURER  
Name ANDERSON, CDR ANDREW W. USCG RET  
Address 7661 OLD THYME COURT  
City-State-Zip: PARKLAND FL 33076

Title D  
Name LOUDERMILK, MELVIN L USCG AUX  
Address 5852 PEACOCK LANE  
City-State-Zip: HOCHTON GA 30548

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

Title P/D  
Name COCHRAN, BMCS STEVE USCG RET  
Address 8311 MORNINGSIDE DRIVE  
City-State-Zip: MANASSAS VA 20112

Title DIRECTOR  
Name LINDER, DAVE USCG AUX  
Address 7115 CENTRAL AVE.  
City-State-Zip: SODUS POINT NY 14555

Title DIRECTOR  
Name QUINN, JOHN USCG AUX  
Address 5 FAIRFIELD DRIVE  
City-State-Zip: AVONDALE ESTATES GA 30002

Title DIRECTOR  
Name BURTON, JEFFREY LCDR USCG RET  
Address 4815 31ST STREET  
A-2  
City-State-Zip: ARLINGTON VA 22206

*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: CDR ANDREW W. ANDERSON**

**TREASURER**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date