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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723017** (0)

1. Corporation Name

NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDALE COUNCIL, INC.

Principal Place of Business

Mailing Address

C/O THOMAS W CLARKE
4509 NE 22ND RD
FT. LAUDERDALE FL 33308
US

C/O THOMAS W CLARKE
4509 NE 22ND RD
FT. LAUDERDALE FL 33308
US

3. Date Incorporated or Qualified

03/24/1972

4. FEI Number

59-1412425

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 c/o ROSEMARIE DEZOLT

26 2161 N.E. 55th CT

5. Certificate of Status Desired

☒ Yes

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ Yes

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No **N/A**

22 2161 N.E. 55th CT.

27 City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

Zip Country

Zip Country

24 33308

25 BROWARD

29 33308

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARKE, THOMAS W
4509 NE 22ND RD
FT. LAUDERDALE FL 33308**

81 Name

ROSEMARIE DEZOLT

82 Street Address (P.O. Box Number Is Not Acceptable)

2161 N.E. 55th CT.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rosemarie Dezolt Rosemarie Dezolt*

2/16/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE

NAME **CLARKE, THOMAS W**
STREET ADDRESS **4509 NE 22ND RD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VD** ☐ DELETE

NAME **DUMONT, PATRICIA**
STREET ADDRESS **1531 SE 13TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☒ DELETE

NAME **KIRKPATRICK, HUGH H.**
STREET ADDRESS **2100 S OCEAN LANE #2008**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Dumont Patricia Dumont* **2/16/98** **954-524-7228**

CR2E037 (10/97)