

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# 723017

**Entity Name:** NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDALE COUNCIL, INC.

**Current Principal Place of Business:**

C/O ROSEMARIE DEZOLT  
2161 NE 55TH CT  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2161 NE 55TH CT  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 59-1412425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEZOLT, ROSEMARIE  
2161 NE 55TH CT  
FT. LAUDERDALE, FL 33308 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MADZINSK III, MACK E  
Address: 1201 S.W. 63RD AVE  
City-St-Zip: PLANTATION, FL 33317

Title: PD ( ) Delete  
Name: BLACK, CHARLES A  
Address: 1125 NE 11TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VD ( ) Delete  
Name: PIRTLE, GARY N  
Address: 1101 RIVER REACH DRIVE #115  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES A BLACK

PD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date