

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11464** (7)

1. Corporation Name

NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC



Principal Place of Business

Mailing Address

1 FLEET LANDING BLVD.
ATLANTIC BEACH FL 32233
US

1 FLEET LANDING BLVD.
ATLANTIC BEACH FL 32233
US

3. Date Incorporated or Qualified **10/01/1985** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2708341** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESERVE, JOHN S CAPT.
2126 BEACH BLVD.
ATLANTIC BEACH FL 32233

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 officer 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

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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOSEPH L.	12 NAME	
STREET ADDRESS	5141 SANTA CRUZ LANE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, DAVID C	22 NAME	
STREET ADDRESS	3743 CEDAR CREST DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROELICH, EDWARD W CAPT.	32 NAME	T/D MORRIE G. STEEN, JR.
STREET ADDRESS	11188 SCHOONER CT.	33 STREET ADDRESS	2344 BAREFOOT TRACE
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, LENSON W. CAPT.	42 NAME	
STREET ADDRESS	3680 RUSTIC LANE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUREY, LAURENCE T CAPT.	52 NAME	
STREET ADDRESS	146 WATER OAK DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, H.O.	62 NAME	S/D CHESTER B. SMITH
STREET ADDRESS	1748 LIVEOAK LANE	63 STREET ADDRESS	2105 IVYLGAIL DRIVE EAST
CITY-ST-ZIP	ATLANTIC BEACH FL	64 CITY-ST-ZIP	JACKSONVILLE, FL 32225

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOSEPH L. COLEMAN, PRESIDENT**

JAN 24, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

ADDITIONAL BOARD MEMBERS
January 23, 1996

CAPT EDWARD A. BREWTON
1809 LIVE OAK LANE
ATLANTIC BEACH, FL 32233

VADM THOMAS R. KINNEBREW
2178 LAKESIDE DRIVE E.
FERNANDINA BEACH, FL 32034-5232

MRS. JACKLYN L. PAULSON
112 BAY HILL COURT
PONTE VEDRA BEACH, FL 32082

CAPT RICHARD A. PAYTON
2260 GREY FOX COURT
ORANGE PARK, FL 32073

MRS. BLAKELEY R. WAITE, P.A.
8070 HUNTERS GROVE ROAD
JACKSONVILLE, FL 32256-7218