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Feb 24 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 # N11464 (7)
 1. Corporation Name
NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC



Principal Place of Business 1 FLEET LANDING BLVD. ATLANTIC BEACH FL 32233 US	Mailing Address 1 FLEET LANDING BLVD. ATLANTIC BEACH FL 32233 US	3. Date Incorporated or Qualified 10/01/1985
		4. FEI Number 59-2708341
		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent MESERVE, JOHN S CAPT. 2126 BEACH BLVD. ATLANTIC BEACH FL 32233	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, JOSEPH L. 5141 SANTA CRUZ LANE JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5168 Salonika Lane Jacksonville, FL 32210-7436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, DAVID C 3743 CEDAR CREST DRIVE JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEEN, MORRIE G. JR 2344 BAREFOOT TRACE ATLANTIC BCH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Moved - Please Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINNEBREW, THOMAS R. VADM 2178 LAKESIDE DRIVE E FERNANDINA BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUREY, LAURENCE T CAPT. 146 WATER OAK DRIVE PONTE VEDRA BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CHESTER B. 2105 IVYLGAIL DR E JACKSONVILLE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph L. Coleman 1/24*

CR2E037 (10/97)

NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC.

1998

BOARD OF DIRECTORS:

HOME TELEPHONE #:

President

RADM Joseph L. Coleman, USN (Ret)
5168 Salonika Lane
Jacksonville, Florida 32210-7436

(H) 771-4760

Vice President

VADM Thomas R. Kinnebrew, USN (Ret)
2178 Lakeside Drive E.
Fernandina Beach, FL 32034-5232

(H) 261-6433

Secretary

CAPT Chet B. Smith, USN (Ret)
2105 Ivylgail Drive East
Jacksonville, FL 32225

(H) 221-3900

(W) 630-0832

Treasurer

MEMBERS:

CAPT Edward A. Brewton, USN (Ret)
1809 Live Oak Lane
Atlantic Beach, FL 32233

(H) 247-0715

Mr. Bill Hillegass, CPA
427 N. 3rd Street
Jacksonville Beach, FL 32250

(W) 246-0713

CAPT Steve Jarecki, USN, (Ret)
2291 Oceanside Court
Atlantic Beach, FL 32233

(H) 246-1493

(W) 791-8092

(F) 791-8201

CAPT Michael Miller, USN (Ret)
106 Myra Street
Neptune Beach, FL 32266

Board of Directors
Page Two

CAPT John B. Mitchell Jr., USN (Ret) (W) 249-2185
2216 Ocean Forest Drive W. (H) 241-0561
Atlantic Beach, FL 32233

CAPT David D. Palmer, USN (Ret) () 333-5035
3743 Cedarcrest Drive (H) 772-8171
Jacksonville, Florida 32210

Mrs. Jacklyn L. Paulson (H) 285-9636
112 Bay Hill Court
Ponte Vedra Beach, Florida 32082

CAPT Richard A. Payton, USN (Ret) (H) 264-0038
2260 Grey Fox Court (W) 549-5700
Orange Park, FL 32073 Ext: 5720

"Emeritus" Status

Blakeley R. Waite, Esq. (H) 641-8950
8070 Hunters Grove Road
Jacksonville , FL 32256-7218

CAPT Edward W. Froehlich, USN (Ret) (H) 646-0944
11188 Schooner Court (W) 645-5128
Jacksonville, FL 32225

RADM John Paul Jones, Jr. USN, (Ret) (H) 261-2813
567 Piney Island Drive
Fernandina Beach, FL 32034