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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

0006126

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

04-29-1999 90255 007 \*\*\*\*61.25

**DOCUMENT # N11464**

1. Corporation Name

**NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC**

\* 4 5 451094 - 90255 - 7 \*

Principal Place of Business

1 FLEET LANDING BLVD.  
 ATLANTIC BEACH FL 32233  
 US

Mailing Address

1 FLEET LANDING BLVD.  
 ATLANTIC BEACH FL 32233  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2708341

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

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

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

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME COLEMAN, JOSEPH L.  
 STREET ADDRESS 5168 SALONIKA LANE  
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D  DELETE

NAME PALMER, DAVID C  
 STREET ADDRESS 3743 CEDAR CREST DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  DELETE

NAME STEEN, MORRIE G. JR  
 STREET ADDRESS 2344 BAREFOOT TRACE  
 CITY-ST-ZIP ATLANTIC BCH FL

TITLE SD  DELETE

NAME SMITH, CHESTER B.  
 STREET ADDRESS 2105 IVYLGAIL DR E  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT  Change  Addition

2.2 NAME VADM THOMAS R. KINNEBREW  
 2.3 STREET ADDRESS 2178 LAKESIDE DRIVE E.  
 2.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034-5232

3.1 TITLE SECRETARY  Change  Addition

3.2 NAME CAPT. CHET B. SMITH  
 3.3 STREET ADDRESS 2105 IVYLGAIL DRIVE EAST  
 3.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

4.1 TITLE TREASURER  Change  Addition

4.2 NAME CAPT. EDWARD A. BREWTON  
 4.3 STREET ADDRESS 1809 LIVE OAK LANE  
 4.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Joseph L. Coleman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)