

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 011 ****70.00

DOCUMENT # N11464

1. Entity 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**

50059290



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2708341

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESERVE, JOHN-S CAPT:
2126 BREACH BLVD.
ATLANTIC BEACH, FL 32233**

Name

Street Address (P.O. Box Number is Not Acceptable)
2126 BEACH BLVD

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE VP ☐ Delete
NAME KINNEBREW, VADM THOMAS R
STREET ADDRESS 2178 LAKESIDE DR E
CITY-ST-ZIP FERNANDINA BCH, FL 320345232

TITLE SD ☐ Delete
NAME PEYTON, RICHARD A CAPT
STREET ADDRESS 2260 GREY FOX CT.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD ☐ Delete
NAME BREWTON, EDWARD A CAPT
STREET ADDRESS 1809 LIVE OAK LANE
CITY-ST-ZIP ATLANTIC BCH, FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 27, 2005 (904) 246-9900

Date

Daytime Phone #