
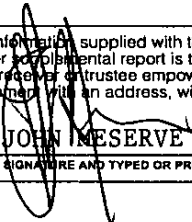


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90486 025 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2708341	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 BEACH BLVD TALLAHASSEE, FL 32399			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, JOSEPH L.		NAME	JONATHAN T. HOWE	
STREET ADDRESS	5168 SALONIKA LANE		STREET ADDRESS	425 SEA SPRAY LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEBREW, VADM THOMAS R		NAME		
STREET ADDRESS	2178 LAKESIDE DR E		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH, FL 320345232		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEYTON, RICHARD A CAPT		NAME	FRANCIS L. LOVING	
STREET ADDRESS	2260 GREY FOX CT.		STREET ADDRESS	4619 HARBOUR NORTH COURT	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWTON, EDWARD A CAPT		NAME		
STREET ADDRESS	1809 LIVE OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JOHN MESERVE			Date: 4/20/06		Daytime Phone #: (904) 246-9900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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