



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2708341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESERVE, JOHN S CAPT.
 2126 BEACH BLVD
 TALLAHASSEE, FL 32399

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWE, JONATHAN T 425 SEA SPRAY LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINNEBREW, VADM THOMAS R 2178 LAKESIDE DR E FERNANDINA BCH, FL 320345232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVING, FRANCIS L 4619 HARBOUR NORTH CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREWTON, EDWARD A CAPT 1809 LIVE OAK LANE ATLANTIC BCH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000752476
 05/21/07-80018-002 70.00

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: ROGER PALMER  **4/26/07** **904-246-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #