

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11464

FILED
Apr 01, 2009
Secretary of State

Entity Name: NAVAL CONTINUING CARE RETIREMENT FOUNDATION, INC.

Current Principal Place of Business:

1 FLEET LANDING BLVD.
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

1 FLEET LANDING BLVD.
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-2708341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWE, JONATHAN T
Address: 425 SEA SPRAY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: STEVE, JARECKI
Address: 2291 OCEANSIDE COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD () Delete
Name: LOVING, FRANCIS L
Address: 4619 HARBOUR NORTH CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: BREWTON, EDWARD A CAPT
Address: 1809 LIVE OAK LANE
City-St-Zip: ATLANTIC BCH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. MESERVE

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date