

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11464

FILED  
Apr 23, 2010  
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  
Name: HOWE, JONATHAN T  
Address: 425 SEA SPRAY LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: STEVE, JARECKI  
Address: 13740 MARSH HARBOR DR. N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD  
Name: MESERVE, JOHN S  
Address: 2126 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD  
Name: PALMER, ROGER  
Address: 6000 SAN JOSE BLVD 11E  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: JOHN S MESERVE

D

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date