

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 20 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N12586 (6)**
1. Corporation Name
**NAVY LEAGUE OF THE UNITED STATES, PALM BEACH COU
NCIL, INC.**

Principal Place of Business Mailing Address
P O BOX 241 PALM BEACH FL 33480 **P O BOX 241 PALM BEACH FL 33480**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **12/17/1985** 3a. Date of Last Report **04/08/1994**
4. FEI Number **65-0033917** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DUNNIRE, PHILIP L
13314 DOUBLETREE CIRCLE
WELINGTON FL 33414**

10. Name and Address of New Registered Agent
81 Name **SNEAD, LEONARD A.**
82 Street Address (P.O. Box Number is Not Acceptable) **14 CARRICK ROAD**
83
84 City **PALM BEACH GARDENS** FL 85 Zip Code **33411**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **LEONARD A. SNEAD** 4-15-95
Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	NAME SNEAD, LEONARD A	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14 CARRICK ROAD	CITY-ST-ZIP PALM BEACH GARDENS FL	1.2 NAME SNEAD, LEONARD A.	1.3 STREET ADDRESS 14 CARRICK ROAD
		1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE P	NAME DUNNIRE, PHILIP L.	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13314 DOUBLETREE CIRCLE	CITY-ST-ZIP WELINGTON FL	2.2 NAME TURNER, SR., NEIL M.	2.3 STREET ADDRESS 533 ANCHORAGE DRIVE
		2.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE S	NAME KRANTZ, MARVIN J.	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 LAKESHORE DRIVE, #1458	CITY-ST-ZIP NORTH PALM BEACH FL	3.2 NAME SILVER, IRV	3.3 STREET ADDRESS 8524 DOVERBROOK DRIVE
		3.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE D	NAME HABCUT, FRANK H	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 209 SANFORD AVENUE	CITY-ST-ZIP PALM BEACH FL	4.2 NAME HUSHING, SUMNER K.	4.3 STREET ADDRESS 1618 TWELVE OAKS WAY #101
		4.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE D	NAME JENSEN, HERBERT W	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1515 S FLAGLER DRIVE, 2304	CITY-ST-ZIP WEST PALM BEACH FL	5.2 NAME JONES, DAVID G.	5.3 STREET ADDRESS 288 FLAMINGO DRIVE
		5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE D	NAME JENKS, ROBERT H	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 LAKESHORE DRIVE 641	CITY-ST-ZIP NORTH PALM BEACH FL	6.2 NAME KNIGHT, PETER L.	6.3 STREET ADDRESS 210 RUSSLYN DRIVE
		6.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **Leonard A. Snead** 4-15-95 407-627-2389
Signature and Typed or Printed Name of Signing Officer or Director Date Expiration Date